



Semiannual Report 7

Cooperative Agreement HRN-A-00-97-00017-00

September 30, 2000 to April 30, 2001

Submitted by



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Introduction

Program Description

The Implementing AIDS Prevention and Care (IMPACT) Project is the USAID Global Bureau HIV/AIDS Division procurement for implementing HIV/AIDS prevention and care interventions through Family Health International. The five-year cooperative agreement was signed on September 27, 1997, in support of the Global Bureau's Strategic Objective 4 (SO4): "To increase the use of improved, effective and sustainable responses to reduce HIV transmission and mitigate the impact of the HIV/AIDS pandemic."

Building on lessons learned from twelve years of experience in the field, FHI designed IMPACT to develop, refine, support and evaluate programming that will result in reducing sexual risk of HIV, improving sexually transmitted infection (STI) services, minimizing contextual constraints, linking prevention and care at the community level, strengthening private sector responses to HIV/AIDS, and improving information sharing, monitoring and evaluation.

IMPACT offers the expertise of a number of globally recognized organizations in the area of HIV/AIDS prevention and care, including Family Health International (FHI), Population Services International (PSI), the Program for Appropriate Technology in Health (PATH), the Institute of Tropical Medicine (ITM) in Antwerp, Belgium, the University of North Carolina at Chapel Hill (UNC-CH), and Management Sciences for Health (MSH).

Summary of Activities

This report describes the IMPACT Project half way through year four of the project. The status of country programs continues to evolve, with 57 new agreements developed with cooperating and implementing agencies during the reporting period. Active agreements now total 132 in 21 countries. IMPACT activities are ongoing in 32 countries, including three regional programs. Planning has also continued or been undertaken to work in four new regional programs involving 11 additional countries for a total of 43 IMPACT presence countries and, in a broader regional context, with the countries throughout East and Southern Africa through REDSO/ESA field support funding. Work plan activities and subagreements are discussed in detail in the Country Summaries and database sections of this report.

General Assessment of Project Status

It is only now in year four of the Project that Missions have begun channeling a substantial level of funding through IMPACT, in part due to substantially increasing Congressional allocations of resources to HIV/AIDS. This, in turn, has led to intensification of ongoing efforts and given rise to a number of new IMPACT activities.

While it has taken a number of years for Missions to commit funds, FHI during this time has put in place the systems and approaches necessary to effectively implement programs and is

essentially poised to respond to the challenge of an expanded response. The ability to respond efficiently to Country Mission requests and program needs is hampered, however, by a dearth of competent, qualified human resources in the field. As financial resources increase and program size expands, the need to actively seek out and train reliable staff and a cadre of consultants becomes ever more evident.

A concern during the earlier phase of the project and a challenge to be addressed as we entered the fourth year was that USAID Country programs have taken an ad hoc approach to programming, requesting isolated activities to fill immediate needs or gaps resulting in fragmented rather than coordinated comprehensive prevention and care programs. While this approach endures for the most part, a few countries have garnered and focused resources to support comprehensive programming approaches. For example, IMPACT/Nigeria proposed such an approach last year after its program review and, after a broad participatory planning effort, in the last reporting period undertook the first phase of comprehensive prevention and care programming in four key geographic areas in the country.

Key Accomplishments

During the past six months, IMPACT has taken a leadership role in gearing up to implement an expanded response. Several key accomplishments have been realized toward this end. FHI drafted an initial strategy and then organized and sponsored a meeting to brain-storm issues surrounding an Expanded Comprehensive Response (ECR) to the epidemic. Key partners in this process included USAID, CDC, UNAIDS, MSH, Population Council, and Merck. From the meeting emerged a recommendation to develop a handbook that can be used by governments to effectively address the epidemic in their countries utilizing available resources. The ECR Handbook has been drafted and will be field-tested in select countries during the next reporting period. Kenya will be the first to test the tool in May.

Critical strategies in Care and Support have been developed and vetted including the overall Care and Support approach, as well as specific approaches for TB, OVC, VCT, and MTCT. Care activities in countries continue to evolve. For example, IMPACT assisted Namibia to articulate its OVC strategy, and mother-to-child-transmission assessment tools were drafted and field-tested in two countries. VCT services have been expanding rapidly. For example, VCT assessments were conducted in six countries, including Cameroon, Burkina Faso, Togo, Côte d'Ivoire, Eritrea, and Ghana. A number of new VCT sites have been established as well. In Rwanda two new agreements to establish sites were instituted, with a total of 20 VCT sites expected in the next several months.

Evaluation of the impact of programs has become a heightened concern for USAID and all the SO4 partners. On this front, IMPACT has finalized the Monitoring and Evaluation Handbook, developed a Country Program Monitoring and Evaluation Framework, and written M&E country-specific plans. Of note is that BSS work has continued or been initiated in fifteen countries during this reporting period including India, Nicaragua, Honduras, Haiti, Jamaica,

Ghana, Nigeria, Zambia, Zimbabwe, Cote d'Ivoire, Burkina Faso, Benin, Cameroon, Ethiopia, and Lesotho.

Critical work with key partners and stakeholders has continued. A widely supported and highly successful collaboration was initiated with The Policy Project, the DOD Life Initiative, the Civil Military Alliance, and UNAIDS to develop a comprehensive package of tools to assist Uniformed Services in integrating HIV/AIDS/STI into their existing systems and structures. Basic and in-service training manuals, a peer education manual, and a guide for developing BCC strategies were developed at a regional working group meeting held in Accra, Ghana with representation from military and police from seven countries. This process will continue through sponsorship now from the East Africa region with a focus on demobilized military populations.

IMPACT activities have continued to expand with various design activities undertaken in, for example, Ethiopia, Tanzania, Nigeria, Benin, and West Africa/FHA. In addition, IMPACT has contributed to the development of four new regional HIV/AIDS strategies; the Baltic Sea Initiative, Central Asia Republic, the Caribbean Regional program, and REDSO/ESA.

Of significance, FHI/IMPACT has revised its procurement mechanisms to streamline the subagreement process and develop tools to build the capacity of implementing agencies. During the reporting period, the procurement documents and systems were finalized and all country offices were trained in using these new tools and processes. The new mechanisms are now being instituted. With these systems in place, it is envisioned that the pace at which IMPACT activities are implemented will be stepped up and the quality of programs improved.



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Performance Review

Strategic Objective 4

To increase the use of improved, effective and sustainable responses to reduce HIV transmission and mitigate the impact of the HIV/AIDS Pandemic.

List of Technical Documents

Asia Near East

Asia Regional Office

Report on the Second National Expanded HIV Surveillance, 1999-2000, Bangladesh.
(Report released by Govt./UNAIDS in March 2001)

Recommendations and Findings to Strengthen Condom Promotion for HIV/AIDS Prevention within the Social Marketing Company (SMC), not for general distribution.

Report of Rapid Assessment in November 2000 among Hotel-based Sex Workers, not for general distribution.

Egypt

Building a Safe Blood Donor Base, FHI mid-term meeting report, February 2001.

Training of Trainers: Basic Principles of Safe Blood Practices, Training outline, January 2001.

India

Care Givers of Children Infected/Affected by AIDS Training Manual, Community Health and Education Trust.

Mapping Study, Preparatory Research Study Maharashtra (draft).

Community Needs Assessment Study, Preparatory Research Study Maharashtra (draft).

STD Healthcare Provider Study, Preparatory Research Study Maharashtra (draft).

Six Children Affected by AIDS (CAA) Projects Case Studies.

Jordan

Assessment tool for "Preliminary Assessment of Hotline/Counseling Center", January 2001.

Europe and Eurasia

Central Asian Republics

Assessment Report, March 2001.

Latin America and the Caribbean

Usando Técnicas de Comunicación para el Cambio de Comportamiento en el Diseño y Ejecución de Proyectos de Asistencia y Apoyo

Como Crear Proyectos de Comunicación para el Cambio de Comportamiento

Comunicación para el Cambio de Comportamiento para la Prevención y Tratamiento de las Enfermedades de Transmisión Sexual

Evaluación y Vigilancia de Intervenciones de Comunicación para el Cambio de Comportamiento

El Cambio de Comportamiento a través de los Medios de Comunicación Masiva

Como Crear un Proyecto de Educación Entre Iguales Eficaz

Como Llevar a Cabo Pruebas de Materiales Eficaces

La Política y la Gestión en la Prevención del VIH/SIDA

Asociación con los Medios de Comunicación

Brazil

Relatório final: Estudo sobre a sustentabilidade institucional das organizações da sociedade civil que atuam em HIV/AIDS, John Snow do Brasil.

APROGE (Evaluation of the Management Process)

FACT (Evaluation of Technical Capacity)

Facilitator's Manual

Haiti

The Situation of Orphans in Haiti: A Summary Assessment.

Behavioral Surveillance Survey (draft).

Nicaragua

Encuesta de Vigilancia Conductual, Fundación Xochiquetzal.

Southern Africa

Southern Africa Regional Program (SARP)

Corridors of Hope: HIV Prevention Needs and Opportunities in Four Border Towns, Monograph (2000 copies).

Assessment Dissemination and Stakeholders Workshop Report, (100 copies).

Regional Project Assessment, Monitoring and Evaluation Course Workshop Report.

Lesotho, Swaziland and Mozambique: HIV/AIDS Risk Assessments at Cross-Border and Migrant Sites in Southern Africa Provisional Report, Monograph (in press).

East Africa

Tanzania

UNAIDS Monitoring and Evaluation Guide

West Africa

Training of Trainers in VCT Counseling Manual, IMPACT, 2001.

Counseling Manual, IMPACT, 2001.

HIV/AIDS Workplace Interventions (PSAP adaptation in French), IMPACT, 2001.

Clinical-based HIV/AIDS Care and Support Services (draft), IMPACT, expected in 2002.

Home-based HIV/AIDS Care and Support Services (draft), IMPACT, expected in 2002.

Developing Skills in NGOs for Home-based Care and Support (draft), expected in 2003.

Living Positively with HIV/AIDS (draft), IMPACT, expected in 2003.

Ghana

Assessment of the Management of Sexually Transmitted Diseases in Ghana.

Behavioral Surveillance Survey (draft).

What a Police Officer Should Know About STDs and AIDS.

Laboratory Standard Operation Procedures for Health Centers.

Guidelines for the implementation of Voluntary Counseling and Testing in Ghana (draft)

Senegal

Behavioral Surveillance Surveys (1997 and 1998 in draft form).

1998/1999 Epidemiologic Bulletin (draft).

HIV Biologic Surveillance Protocol (draft).

National Protocols for HIV Counseling and HIV Testing (draft).

National Guide for Management of HIV Infection (draft).

IEC/BCC Interventions Evaluation Workshop Report.

Qualitative Study on STD/AIDS in Dakar, Kaolack, Louga, Thies, and Ziguinchor.

Rwanda

Curriculum de Formation e d'Animation dans la Lutte Contre le VIH/SIDA parmi de Jocistes, December 2000.

Rapport de Recherche Qualitative de base aupres des Jeunes de la JOC/Archdiocese de Kigali, September 2000.

Evaluation de la Qualite de la Prise en Charge des IST dans les Regions Sanitaires de Byumba, Gitarama, Kibungo et Kigali, February 2001.

Prevalance de la Resistance de Neisseria Gonorrhoea aux Antibiotiques a Kigali, Rwanda, November 2000.

Archdiocese de Kigali Atelier des Ouvriers Apostoloques sur la Partorale de Lutte Contre le VIH/SIDA, October 2000, Kigali, Rwanda.

FHI Inventory of both HQ and Field Office Training Manuals as of March 12, 2001

- In-service STD Case Management Training*, Impact, 2001.
- Peer Education for HIV Prevention among Uniformed Services*, Impact, 2001.
- Qualitative Participatory Evaluation Training Manual*, Impact, 2001.
- Sex worker empowerment through the development of a sex worker network*, Impact 2001.
- The Nyemo Counseling Center for vulnerable women and children: empowerment of HIV+ women and their children*, Impact, 2001.
- Evaluating Programs for HIV/AIDS Prevention and Care in Developing Countries*, Impact, 2001.
- Assessment of Needs and Capacity for Service Provision in HIV/AIDS Care and Support and for Prevention Toolkit*, Impact, 2001
- FHI/UNAIDS Best Practices in HIV/AIDS Prevention Collection*, Impact, 2001.
- HIV/AIDS Prevention and Care in Resource Constrained Settings: A Handbook for the Design and Management of Programs*, Impact, 2001.
- BSS Guidelines for repeated BSS in Populations at risk of HIV*, Impact, 2000.
- Proceedings: Skill building workshop on the Assessment of HIV/AIDS Interventions among Drug Users*, Impact, 2000.
- Universal Precautions Guidelines Training Curriculum for Primary Health Care Centers in Indonesia*, Bilateral FHI USAID, 2000.
- Private Sector AIDS Policy Businesses Managing HIV/AIDS*, AIDSCAP, 1999.
- Zimbabwe HIV Prevention Counseling Training Manual*, Impact, 1999.
- Manual for Reducing Drug Related Harm in Asia*, Impact, 1999.
- A Transformation Process: Gender Training for top-level management of HIV-AIDS prevention*, AIDSCAP, 1997.

The Manual for Targeted Intervention Research on STD Illnesses for the setting of commercial sex, AIDSCAP, 1997.

Training Package: Case Management Sexually Transmitted Diseases, AIDSCAP, 1996.

Strategic Planning Workshop Manual, AIDSCAP, 1995.

AVERT: A Tool for Estimating Intervention Effects on the Reduction of HIV Transmission, AIDSCAP, 1994.

Behavior Change Communication for the Prevention and Treatment of STDs, AIDSCAP, 1994.

Behavior Change Through Mass Communication, AIDSCAP, 1994.

How to conduct effective Pretests, AIDSCAP, 1994.

Control of sexually transmitted diseases; Handbook for the design and management of programs, AIDSCAP, 1994.

HIV/AIDS Care and Support Projects, AIDSCAP, 1994.

Assessment and Monitoring of BCC Interventions, AIDSCAP, 1994.

How to Create an Effective Peer Education Project, AIDSCAP, 1994.

Get Ready! Get Set, ACT! A manual on how to initiate and implement an HIV/AIDS education program in the workplace, AIDSCAP, 1994.

How to Create an Effective Communication Project, AIDSCAP, 1994.

Partnership with the Media, AIDSCAP, 1994.

Policy and Advocacy in HIV/AIDS, AIDSCAP, 1994.

Strategic Planning Facilitators Guide, AIDSCAP, 1994.

Training of Trainers Workshop in STD Case Management, AIDSCAP, 1994.

AIDSCAP Evaluation Tools: Intro to AIDSCAP Evaluation, AIDSCAP, 1994.

AIDSCAP Evaluation Tools: Conducting Effective Focus Group Discussions, AIDSCAP, 1994.

AIDSCAP Evaluation Tools: A framework of incorporating evaluation into Project Design, AIDSCAP, 1994.

AIDSCAP Evaluation Tools: Applying a BSS tool, AIDSCAP, 1994.

AIDSCAP Evaluation Tools: Qualitative methods for evaluation research in programming, AIDSCAP, 1994.

The Manual for Targeted Intervention Research on STD Illnesses with Community Members, AIDSCAP, 1994.

Tools for Project Evaluation: A guide for evaluating AIDS Prevention Interventions, AIDSTECH, 1992.

Training Manual: AIDS/STD Education and Counseling in Africa, AIDSTECH, 1992.

STD/AIDS Peer Educator Training Manual, AIDSTECH, 1992.

Training of Trainer's Workshop for participatory peer education, IMPACT, 2000.

Training of Trainer's on participatory peer education for HIV and AIDS Prevention Project as a life skills manual for Kenya Girl Guides, IMPACT, 2000.

Participatory Peer Education of HIV and AIDS Prevention. Part of BCC support to FHI IMPACT Project in Kenya intended to reach CSW and poor women, IMPACT 2000.

Guide for developing peer education projects with sex workers in Madagascar. Not a training manual, but rather a collection of considerations (draft), IMPACT, 2001.

Training curriculum on Condom Social marketing for local retailer businessmen, FHI-AIDSCAP, 1996.

Case Management of STD (Vol. I and Vol. II), FHI-AIDSCAP, 1995.

Prevention Education Strengthening Initiative for Chemists and Health Care Providers, FHI-AIDSCAP, 1995.

Prevention Education Strengthening Initiative for Chemists and Health Care Providers, FHI-AIDSCAP Nepal, 1995 (revised 1999).

Basic Orientation Training of GWP new Outreach Staffs, FHI-AIDSCAP, 1996.

Training Material on Basic Orientation, FHI-AIDSCAP, 1995.

Condom Social Marketing, FHI-AIDSCAP.

- Peer Education Training Guideline*, FHI-AIDSCAP, 1997.
- HIV/AIDS Prevention Counseling training manual*, FHI-AIDSCAP.
- Manual on Home Based Care and Support for People Lifesaving & Life-giving Society living with HIV/AIDS and their Families*, FHI-AIDSCAP.
- User manual for account and budget control system*, FHI.
- Manual on HIV/AIDS Orientation Training for Factory Supervisors*, FHI-AIDSCAP, 1996.
- Specialize Counseling Training of GWP/AIDS Outreach staffs on STD/HIV/AIDS*, FHI-AIDSCAP, 1995.
- Un Travailleur en Bonne Sante Vaut Plus que Tout l'Or du Monde. Un Curriculum de Formation et d'Animation dans la Lutte Contre le VIH/SIDS Parmi les Jocistes. (A worker in good health is worth more than all the gold in the world/ for young Christian workers.)*, IMPACT, 2000.
- Clinical-based HIV/AIDS care and support services*, IMPACT, 2002 (draft).
- Home-based HIV/AIDS care and support services*, IMPACT, 2002 (draft).
- Developing skills in NGOs for home-based care and support*, IMPACT, 2003 (draft).
- Living positively with HIV/AIDS*, IMPACT, 2003 (draft).
- Training of Trainers in VCT Counseling*, IMPACT, 2001.
- Counseling manual*, IMPACT, 2001.
- HIV/AIDS Workplace Interventions (PSAP adaptation in French)*, IMPACT, 2001.

FHI Training Material Inventory

Non-FHI authored materials available at Arlington as of March 27, 2001

Peace Corps Life Skills Manual, Peace Corps, 2000.

HIV Counseling: A Skills-Based, Client-Centered Approach, A Three-Day Program to Train HIV Counselors, California STD/HIV Prevention Training Center, 2000.

The Challenge of Increasing the Scale of Non-Governmental Organizations HIV/AIDS Efforts in Developing Countries, Horizon POP Council Alliance, 2000.

Going to Scale in HIV/AIDS Programs: A Review of Current Literature, Horizon POP Council Alliance, 2000.

Case Studies on Scaling-Up, Horizon POP Council Alliance, 2000.

Condom Social Marketing, Consultant and NACP, Brazil, 2000.

Evaluation of AIDS Programs, Consultant and NACP, Brazil, 2000.

Development and Management of Health Projects, Consultant and NACP, Brazil, 2000.

Training of Facilitators, Consultant and NACP, Brazil, 2000.

Pastor's Guidebook for HIV/AIDS Ministry, 2000.

Working With Communities to Achieve Change, Participant Manual, California STD/HIV Prevention Training Center, 1999.

Training of Trainers Curriculum HIV Prevention and Behavior Change in International Military Populations, Civil Military Alliance, 1999.

Manual de Consejeria sobre el VIH/SIDA para personal de Salud, El Salvador Ministry of Health/FHI, 1999.

Guia de Trabajo del facilitador y la facilitadora, Dominican Republic National AIDS Program/FHI. 1999.

Pathways to Partnerships Toolkit, HIV/AIDS Alliance, 1999.

AIDS Home Care Handbook, International. HIV/AIDS Alliance, 1999.

Risk Reduction Through Client-Centered Counseling: A Skills-Based Course for STD/HIV Prevention Staff, Participant Manual, California STD/HIV Prevention Training Center, 1999.

The Heart of Training: A manual of approaches to Teaching about HIV/AIDS, 1998.

Peer Education at the Workplace: A three day curriculum for Training Peer Educators, PATH, 1998.

Starting from Strengths: Community Care for Orphaned Children Facilitators Guide, UNICEF Malawi IDRC, WORLDVISION, 1998.

HIV/STD Counselor Advanced Training: The Client-Centered Behavior Change Counseling Model, A Training Curriculum for Counselors Working in the Context of HIV/STD Counseling and Testing, Participant's Manual, UCSF AIDS Health Project, 1997.

Integrating STDs and AIDS Services into Family Planning Programs: Training Community Workers, CEDPA, 1996.

Effective HIV/AIDS activities: NGO work in developing countries, UK NGO AIDS Consortium, 1996.

Training for Transformation: A Handbook for Community Workers, African Development Education Network, 1996.

A Resource Manual for HIV Prevention and Care, AUSAID, 1995.

Strengthening Communication Skills for Women's health: A training guide, Tabbutt, Jill, 1995.

HIV/STD Supervisor Training: Assuring the Quality of HIV/STD Prevention Counseling, A Training Curriculum for Supervisors Working in the Context of HIV/STD Counseling and Testing, Trainer's Manual, UCSF AIDS Health Project, 1995.

Together We Can: Peer Educators Handbook, Jamaica Red Cross/AIDSCAP, 1995.

The Oxfam Gender Training Manual, Oxfam, 1994.

Situation Assessment: Ethnographic Methods in AIDS Intervention Programmes, Pelto, Peretti, 1993.

Bridging Theory & Practice: Applying Behavioral Theory to STD/HIV Prevention, Participant Manual, WHO, 1993.

AIDS Education for Health Workers: independent Learning Modules, Peace Corps, 1992.

The Family Planning Manager's Handbook: Basic Skills and Tools for Managing FP programs, MSH, 1991.

AIDS: A Teachers Resource Package, Globe curriculum, 1990.

Counseling with Family Planning clients about AIDS, Institute for Development Training, 1988.

Training Trainers for Development: Conducting a workshop for participatory training techniques, CEDPA.

Fundamentals of Program Planning and Evaluation: A Skills-Based Course for STD/HIV Prevention Providers, Participant Manual, California STD/HIV Prevention Training Center.

IR 4.1	Reduction of Sexual Risk
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Behavior	Change	Communication:	Knowledge
<u>(Global)</u>			

IMPACT is working with other partners, The Policy Project, the DOD Life Initiative, the Civil Military Alliance and UNAIDS to develop a comprehensive package of tools to assist Uniformed Services to integrate HIV/AIDS/STI into their existing systems and structures. Basic and In-service training manual, peer education manual and a guide for developing BCC strategies have been developed at a regional working group meeting with representation from military and police from seven countries. They will be pre-tested in June.

A Guide for Developing Print Materials for a Low-Literate Audience for HIV/AIDS is being developed with IMPACT partner PATH.

Information Programs:

Produce	and	disseminate	<i>IMPACT</i>	<i>on</i>	<i>HIV</i>
<u>(Global)</u>					

The December 2000 issue of *IMPACT on HIV* was published and disseminated internationally for World AIDS Day 2000, commemorated on 1 December 2000. The issue focused on “Making a Difference,” with a special emphasis on men and boys. The stories included, “Making an Impact on HIV/AIDS in Cambodia,” “Realizing the HIV Prevention-to-Care Continuum in Kenya,” “Breaking the Silence: An Appeal to Presidents in Nigeria,” “Helping Men Make a Difference in HIV Prevention,” and, “Guyanese NGOs Join Forces to Ready Youth for Healthy Living.”

The news items highlighted newly released mother-to-child HIV transmission recommendations from the World Health Organization and information on the U.S. National Institutes of Health-funded HIV Prevention Trials Network, a five-year project managed by Family Health International, in more than 10 countries around the world, including the United States. The issue also showcased the visit of U.S. President Bill Clinton to Abuja, Nigeria, where two presentations on HIV/AIDS were made for him and the President of Nigeria, Olesgun Obasanjo, by two IMPACT staff and partners, including John Ibekwe, who is living with HIV, before an audience of more than 1,000 people. The nationally televised event received media coverage widely overseas, including in *The New York Times*.

Sexually Transmitted Diseases Strategy (STD)
(Global)

FHI participated in an EU sponsored meeting in October on strategies for different approaches to STD control based on the epidemic phase. A paper was prepared with Cambodia data using the control framework provided by the conference organizers.

Organize a variety of activities aimed at increased knowledge across all segments of the population
(Ghana)

IMPACT worked in partnership with various community organizations such as the Ghana Red Cross Society, the Salvation Army, the Lady Pharmacists Association of Ghana and local churches to improve knowledge of HIV/AIDS throughout the population. Activities included peer education programs, training for educators and counselors, an educational “open space” event for secondary school students and a poem and song competition. Several activities targeted the Armed Forces. A prevention and care workshop was held for nurses and wives of Armed Forces personnel. Peer education activities continued in three regions—Greater Accra, Central, and Northern regions—by previously trained Police peer educators. A new sub-agreement was developed with the Police to expand peer education to all ten regions of the country. Technical assistance was provided to the Ghana Armed Forces, Ghana Police Services, and Ghana Prisons Services in reviewing and revising behavior change materials. The Ghana Armed Forces, Police Services, and Prisons Services participated in a Joint Uniformed Services workshop to develop a comprehensive package of tools that can be adapted and used by the uniformed services to integrate HIV/AIDS prevention and care activities into their systems and structures.

Implement peer education programs targeted at high-risk groups **(Kenya)**

IMPACT worked in its ten priority geographic areas in intensive peer education programs for high-risk groups—commercial sex workers, men employed in factories, women in low income areas, girls in- and out-of-school, and youth. A common communication campaign was developed called, in kiSwahili, “Nulize” which translates into “Ask Me.” Over 1,500 peer educators underwent a five-day training course and were provided with cue cards on various risky behaviors to stimulate discussion among peers about HIV and AIDS. Local youth drama and musical groups and puppeteers were mobilized to draw crowds together during outreach activities where peer educators provided information on HIV prevention and gave condom demonstrations.

Behavior Change Intervention
(Malawi)

The activities of the BCC Unit of the National AIDS Control Program ultimately contribute to IR 4.1. Reduction of Sexual Risk. Through the development of BCC strategies that are being implemented by the Government of Malawi and non-governmental organizations the NACP BCC Unit is helping to increase knowledge and reduce risky sexual behavior. The presence of a resident BCC advisor helps to ensure the technical soundness of the Malawi BCC strategy and to move the implementation along at a more rapid pace, thus contributing to the national goal of risk reduction.

**Implement programs to impact
sexual behavior among young people
(Namibia)**

Through its small grants program, FHI/IMPACT funded the *Omaheke Regional Youth Forum* to launch an AIDS awareness program in their region, specifically targeting young people in Junior Secondary and High Schools. Under this program 60 people were trained in HIV/AIDS prevention, seven schools benefited from HIV/AIDS awareness programs, and almost 2,000 learners were reached and educated about HIV/AIDS. In each targeted school, an AIDS club was started. Under the redesign, FHI/IMPACT expects to work with Regional Youth Forums in each of the USAID target regions, to reach both in and out of school youth through peer education.

FHI is supporting the *Namibian Youth Paper*, a weekly insert in the *Namibian*, the only daily English language newspaper in the country, to address reproductive health issues including HIV/AIDS on a weekly basis. On average about 15,000 copies of the *Namibian* are sold each day, in addition, 5,000 copies of the *Namibian Youth Paper* are distributed to schools around the country.

FHI, under its agreement with USAID, is supporting the *Multi-Purpose Community Center* (MPC) in Walvis Bay, built by the US Department of Defense. The center will primarily serve the historically disadvantaged communities of Kuisebmond and Narraville, with a focus on youth-friendly activities. The MPC will also provide space for local AIDS service organizations to provide HIV prevention services. FHI and USAID serve jointly as members of the MPC steering committee. At present a Director for the MPC has been recruited and who will start on in May, when the center will be completed. In addition to the MPC Director, FHI will support the day-to-day running of the center and provide seed funds for HIV/AIDS related activities. It is incumbent on the MPC director to seek additional funding from donors and the community for activities.

**Implement activities to increase condom use and knowledge
of HIV/AIDS and to decrease risky sexual behaviors
(Nigeria)**

IMPACT/Nigeria is supporting 17 NGOs to implement activities to address HIV/AIDS knowledge and understanding, such as peer education by faith-based groups and with commercial sex workers, different care and support groups, and the development of anti-AIDS clubs for in-school youth. IMPACT/Nigeria conducted a behavioral surveillance survey among three sub-populations, youth, female sex workers, and male transport workers, at a total of eight sites in Nigeria. Knowledge of HIV/AIDS prevention methods is low, with few people able to cite three methods of prevention. The prevalence of incorrect beliefs about HIV/AIDS is high. Female sex workers with good knowledge of HIV prevention methods had higher rates of condom use, regardless of time taken to access condoms. This may imply that improved HIV knowledge may improve condom use in this context. The goal of many activities is to reduce risky sexual behaviors. Strategies to achieve this goal include changing social norms through peer education, mass media, condom promotion, and increased availability of condoms. The BSS showed varied condom use among target populations, ranging from 21% to 94%.

Develop a peer education curriculum targeted at youth **(Rwanda)**

In mid-February, IMPACT launched an HIV prevention project with the Byumba Catholic Diocese. The project targets 12,000 youth in two parishes through peer education. The peer education curriculum developed by JOC entitled “*Un Travailleur en Bonne Santé Vaut Plus que Tout l’Or du Monde*” will be adapted for use in the Byumba project. The curriculum contains 11 one-hour participatory sessions youth can conduct with other youth to improve knowledge and change behaviors associated with HIV/AIDS. IMPACT-Rwanda began working with the Kibungo Catholic Diocese on developing a similar project for the *Mouvement Xaveris*, also a youth organization. This new project is set to begin in May.

Implement interventions targeted at educating youth **(Rwanda)**

IMPACT is placing more emphasis on developing community-based prevention interventions targeting youth in order to move individuals from having knowledge about STIs and HIV to understanding their own risk and changing behaviors; increase demand for clinic-based services in the focus regions, including STI and VCT services and decrease stigma associated with HIV/AIDS. The youth peer education subproject with *Jeunesses Ouvrières Chrétiennes* (JOC), which is part of the Kigali Catholic Diocese, continued to make good progress. The peer education manual entitled “*Un Travailleur en Bonne Santé Vaut Plus que Tout l’Or du Monde*,” (*A Healthy Employee is Worth More than All the Gold in the World*) which contains 11 one-hour sessions youth can utilize with their peers, and accompanying training and support materials were pre-tested, finalized and sent for final printing. IMPACT also responded to project requests from the Byumba Diocese and the Kibungo Diocese to implement interventions modeled after the JOC project. As a result, the

Byumba Diocese subproject was launched in February with a series of focus group discussions to learn more about the target population. The project targets 12,000 youth in two parishes through peer education. The JOC peer education curriculum developed will be adapted for use in the Byumba project. IMPACT-Rwanda began project design discussions with representatives from the Kibungo Diocese for a similar project with the *Mouvement Xaveris*.

**Implement multiple interventions targeted
at high transmission border communities
(SARP)**

IMPACT manages programs in behavior change intervention, capacity building, and referral systems. The intervention programs are implemented through locally-based NGOs or PVOs and the beneficiary populations are some of those most likely to be infectious or at risk of infection of any group in the world. Baseline levels of condom use are fairly high in some of the cross-border towns, however sex partner turnover is so high and so likely to be an infectious contact that nothing less than universal condom use combined with partner reduction will prematurely reduce incidence. The intervention projects just began during this reporting period so achievement against results cannot yet be assessed. Care and support components will be added later as the initial prevention work gets under way.

**Support interventions targeted
at high risk youth populations
(SFPS)**

IMPACT-Côte d'Ivoire has been sponsoring activities carried out by Médecins du Monde since 1999. These activities focus on reduction of sexual risk in youth populations, in particular those at high risk such as street kids and adolescents in prison in Abidjan. Activities include the establishment of youth centers providing STI/HIV/AIDS information and referrals, training and supervision of peer educators, journalists and community members and development of youth-appropriate STI/HIV/AIDS-related educational materials. A baseline survey was conducted in 1999 and follow-up data will be collected at the end of the project.

**Implement prevention interventions
targeted at commercial sex workers and truck drivers
(Zambia)**

IMPACT is furthering its activities towards reducing sexual risk amongst commercial sex workers (CSW) and truck drivers in the WVI Cross Border Initiative in six sites. Peer educators interact with the target population to discuss information about STIs and HIV/AIDS prevention and treatment.

The Indo-China border areas HIV/AIDS prevention project (BAHAP) was implemented by CARE International in four countries to reduce the spread of HIV/AIDS and STDs at 8 cross border sites between Vietnam, Thailand, Laos and Cambodia. The target groups included sex workers, drivers, uniformed men, and migrant workers. All target populations were reached through various interventions, including: participatory STD/HIV/AIDS outreach sessions conducted in areas where participants lived or worked, condom promotion and distribution initiatives, comprehensive IEC/BCC campaigns, cross-border interventions, increased information and access to STD services, use of peer and community educators, and special events and public campaigns. At the end of the project in October 2000, 43,000 target group persons were reached with messages, interventions and prevention services.

Support regional activities to promote increased quality, availability and demand for information and services to change sexual risk behavior and reduce transmission of HIV/AIDS among cross-border, high-risk

ARO supports the promotion of condom use and accessibility among high risk, mobile/migrant populations in cross-border areas of Indonesia, Thailand, Laos, Cambodia, and Vietnam. ARO supports the seafarers interventions projects in Indonesia and Thailand through PATH/Indonesia and PATH/Thailand. PATH/Thailand conducted prevention activities among Thai seafarers headed for Indonesia at the port of departure in Mahachai, Samut Sakorn province. In the past six months, 5,000 condoms were distributed to seafarers, departing boats and refrigerator boats.

The Indo-China border areas HIV/AIDS prevention project (BAHAP) implemented by CARE/International in Thailand, Cambodia, Laos and Vietnam contributed greatly to an increased access to low cost, high quality condoms of mobile populations in the cross-border areas between four connecting countries in Southeast Asia. Based on the twin-city model of HIV/AIDS prevention intervention, the project promoted safer sexual practices through condom promotion, behavior change interventions, and increased access to quality STD services providers in eight cross-border sites. The target groups included entertainment/sex workers, fishermen, construction workers, truck drivers, and gatekeepers such as policemen and border officials. Outreach activities were conducted among high-risk groups, and included peer education, IEC materials and media production, and condom distribution. 940,000 condoms and 135,000 pieces of IEC materials were distributed to the target groups at the completion of the project in October 2000.

A number of qualitative and quantitative research studies were completed in the Cambodian BAHAP site; including a series of three in-depth audience analyses of HIV/AIDS related knowledge, attitudes and reported behaviors of risk groups in Cambodia. These surveys, which were conducted among 60 motor taxi drivers and 46 sex workers in Koh Kong, and 14 male police officers in Svay Rieng, reveal that the groups are aware of HIV/AIDS and have a general understanding that HIV/AIDS is transmitted through unprotected sex, pregnancy, and contact with infected blood. They could also identify different methods for prevention of HIV/AIDS/STDs and were aware that condoms could prevent HIV infection. The condom use among these groups is, however, not universal, and there is an ongoing need for education among these three important groups in Cambodia.

A behavior surveillance survey was conducted among sex workers and general population women in Koh Kong, Cambodia and across the border among men, truck drivers, youth and fishery crews in Klong Yai, Thailand. In addition, this survey was conducted among men and the Cambodian military in Poipet, Cambodia and across the border among the Thai military, truckers and adult and youth workers in Aranya Prathet, Thailand. Results from these surveys substantiated earlier claims of decreased commercial sex in Thailand, but still point to the need for strong interventions in these groups, particularly the Cambodian men who are mobile. Consistent condom use with commercial sex workers (i.e. using a condom every time) was relatively high among Thai groups, but somewhat lower among the male Cambodians, indicating the need to continue to address prevention programs with Cambodian mobile populations. The BSS which captured these behaviors will be key in the future for monitoring potential relapse behaviors among Thais and for promoting the need for higher coverage among the Cambodians and monitoring their potential changes in behavior.

Conduct national surveillance among high risk groups and develop condom social marketing strategy (Bangladesh)

The second round of national surveillance in 1999/2000 showed a low HIV prevalence rate among high risk groups such as sex workers and injecting drug users, in spite of high risk behavior. In December 2000, a start was made with the third round of behavioral surveillance. Data collection among injecting drug users, brothel-based female sex workers, street-based female sex workers, hijras (transgenders), males having sex with males, rickshaw pullers and truckers is almost completed. Data entry is ongoing and data analysis will start in May 2001. The results of the surveillance (both behavioral and sero) will be included in the eighth semi-annual report.

In March 2001, FHI arranged technical support for the Social Marketing Company (SMC). A condom social marketing strategy targeting high-risk core groups such as clients of sex workers and sex workers was developed. As a first step towards the development of a condom social marketing campaign for HIV/AIDS prevention, two studies will take place. One study will focus on gaining a better understanding of demographic and psycho-graphic

profiles of key high risk target groups, their condom use, brand awareness, media access, STI/HIV awareness, perception of risk, reasons for not using condoms and motivations and “hooks” for use. The second study will look at barriers that need to be overcome for a social marketing campaign.

Support prevention and care interventions in two communities **(Cambodia)**

IMPACT is supporting interventions in two communities, Koh Kong and Poipet.

Koh Kong is the only BAHAP site that was continued in FY2001. CARE International/Cambodia is being supported to continue HIV/AIDS prevention intervention in Koh Kong after the LOI period was completed in January 2001. Through June 2002, the project will continue to assist sexually active members of the target communities in three of the most populous districts in Koh Kong to assess their personal risks of STIs/HIV/AIDS and to adopt safer sex practices. The project has made preparations for the formation of home care teams in two hospitals and one health center in Koh Kong to provide prevention, care and support services to PLHAs and those affected by HIV/AIDS.

Poipet community, connecting with Aranyaprathet, Thailand, has been a major HIV epicenter for the sub-region since the early 1990's. With growing trade, casinos and entertainment establishments, the community attracts people from all over the sub-region, especially migrant workers. The HIV/STD prevention and care project implemented by the Social, Environment, Agricultural Development Organization (SEADO) focuses on migrant laborers in five cement companies in Poi Pet. The project aims to reduce transmission and vulnerability to HIV and STDs among the cement workers through behavior change interventions including peer education and condom promotion, and also to provide home based care to people affected by HIV/AIDS in the community. Since the project start in February 2001, SEADO has started working on the design of the baseline assessment and training of staff on focus group discussion skills. The results of the baseline assessment will be used to develop the strategy and contents of peer education and training for home care teams.

Implement interventions to increase knowledge and impact **sexual behavior among high risk groups** **(Cambodia)**

FHI/IMPACT provides technical support to the National Behavioral Sentinel Surveillance, which is funded through the World Bank. The 1999 BSS data have been documented and disseminated to influence policies and programs.

Sexual risk behaviors have been measured through BSS surveys since 1997. Analysis of trends since 1997 reveals the following. First, condom use during commercial sex has

increased across all groups. Second, there appears to be a decrease in sex with non-regular, non-commercial partners, or sweethearts. In addition to this decrease, there is an increase of condom use with “sweethearts”. Third, there is a decrease in sex with commercial partners across all risk groups, particularly the high-risk male groups. Finally, among beer promoters, there has been the highest increase in condom use since 1997. Despite this change, the lowest levels of condom use continue to be reported in this group.

FHI/IMPACT Cambodia supported peer education interventions among brothel based and indirect sex workers, police, military and de-miners. These interventions are implemented by partner organizations, which receive technical, organizational and financial support from FHI/IMPACT Cambodia. The interventions among military are implemented through the Ministry of National Defense (MOND), and reach 40% of the military nationwide. Memoranda of Understanding with the MOND and Ministry of Interior are being developed to increase the coverage of these projects.

FHI/IMPACT Cambodia supported a male sexual health project, which is accessible for males having sex with males (MSM). Intervention strategies were informed by formative research undertaken among MSM.

FHI/IMPACT Cambodia supported operational research on acceptability of female condoms for sex workers. This research is ongoing; results will be documented, disseminated, and used for intervention design.

FHI/IMPACT Cambodia supported the Behavior Change Interventions with IEC material development. ACTION, a local media production company was supported to develop IEC messages and materials for all of the target groups. Materials produced in the reporting period include Education booklets for military; T-shirts and posters for police; T-shirts for World AIDS Day 2000; T-shirts for the sex workers empowerment group; and leaflets for men for the 'Water Festival'. Presently, several materials are in production, including a TV spot for uniformed men; and materials for sex workers, children affected by AIDS and women with HIV/AIDS.

An important strategy for risk and vulnerability reduction among sex workers is community mobilization and women's empowerment. FHI/IMPACT Cambodia supported a network of community based organizations and NGOs to undertake saving and credit schemes, non-formal education and other community development activities among sex workers.

Support	World	AIDS	Day	event
<u>(India)</u>				

FHI provided support to the Mission in organizing the World AIDS Day event and is providing logistic support to organize meetings with the business sector.

Provide support to U.S. private voluntary organizations (PVOs)
(India)

FHI/IMPACT finalized a sub-agreement for a Men having Sex with Men (MSM) project based in Mumbai, and worked with a community based organization of MSM in Pondicherry to develop a male sexual health project. The project is expected to commence from May 1. FHI provided support, in partnership with UNAIDS, to an MSM network meeting in Delhi. In addition, support was provided to the awardee of the AVERT project to develop systems and procedures in preparation for project implementation, and initial support provided to USAID/India in the selection process of the AVERT implementing agency.

FHI/IMPACT has also developed a capacity building plan for NGOs funded by the Maharashtra State government/USAID.

FHI/IMPACT is working with the Confederation of Indian Industry to develop a proposal for workplace interventions and assisting a US PVO to develop a proposal to promote HIV/AIDS prevention programs within trade unions.

Support condom social marketing project
(Laos)

IMPACT supports PSI/Laos to continue its condom social marketing project in order to reduce the transmission of HIV/AIDS/STDs among populations in the Lao PDR where access to low cost, quality condoms is very poor. Started in June 1999, the project aims to promote wide access to low cost, high quality condoms and to increase demand for and use of condoms among those engaging in high-risk behavior in certain municipalities. It also conducts behavior change and condom promotion campaigns through a variety of mass media, interpersonal training and traditional arts. Condom contribution at the end of Year 2000 exceeded the yearly target by 35%. In 2001, this number continues to rise significantly in the first quarter of the year. 85,680 “Number One” condoms were distributed in February 2001, resulting in a cumulative total since April 1999 of 3,847,692--well above the target for this stage of the project. 15% of condoms were distributed through NGO networks (in hard-to-reach areas), 25% were distributed through government programs run by the national and provincial committees for control of AIDS, and 60% were distributed through private, commercial markets. Distribution through non-traditional outlets, such as beer shops, guesthouses, bars, and nightclubs, increased substantially in the year 2000 by 567% from 29,772 to 168,804 units annually. At present the condoms are distributed through a total of 1,295 active outlets around the country. Before the project began, an independent market research study estimated total condom use in the Lao PDR to be 1.6 million per year. The PSI project alone distributed more than 2.4 million in the year 2000, indicating a minimum increase in condom use of 50%. However, there is strong evidence that previously existing condoms brands continue to have a strong presence and new brands have also

appeared. Thus, condom use has certainly increased much more than 50%. Most importantly, it is assumed that this increase in condom use has significant impact on limiting the spread of HIV/AIDS (and other STDs) in the Lao PDR.

**Support projects to increase availability and use of condoms and
improve knowledge of HIV/AIDS prevention methods
(Vietnam)**

FHI/IMPACT Vietnam provided financial support to DKT International to distribute condoms. DKT International increased the number of non-traditional retail outlets for condom distribution in six provinces by 788 new outlets (e.g., bars, karaoke, hotels, and restaurants), training 291 retail/sales persons and distributing 519,264 condoms at these establishments. DKT distributed an additional 2.5 million condoms in traditional outlets (e.g., pharmacies) in these six provinces.

FHI/IMPACT-supported projects have improved knowledge of HIV/AIDS prevention methods among thousands of men and women in three provinces, and at least hundreds of IDUs and CSWs in four provinces (including knowledge of HIV/AIDS prevention through safe sex and condom use, and HIV/AIDS prevention for IDUs and of mother-to-child transmission of HIV), through the following: (a) Behavioral change communication (BCC) mass media campaigns conducted in three provinces; (b) Intravenous drug user (IDU) drop-in center counseling; (c) Health education and harm reduction activities and related community outreach IDU peer education in two provinces; (d) Counseling and health education in a women's health club for commercial sex workers (CSWs) and related community outreach peer education in one province; (e) Peer education, counseling, and harm reduction efforts in one IDU/CSW rehabilitation center in one province. A post-campaign evaluation survey of the BCC campaign conducted in Hai Phong is planned during the second half of FY 2001.

FHI supported a Behavioral Surveillance Survey in five provinces/major cities in Vietnam from June-December 2000 that targeted high risk groups.

**Assist in and strengthen the capacity of local
organizations to implement a behavior change
communication project focused on peer education with youth
(Guyana)**

In FY01, IMPACT/Guyana worked towards building the organizational capacity of local NGOs in both technical and programmatic areas. A peer education training manual tailored to Guyana's culture and needs was developed with and for the organizations and a detailed communications plan, including media materials, was designed. IMPACT began developing a monitoring and evaluation plan for the project, including service evaluation tools. The local NGOs continued to implement peer education activities and outreach among youth.

Implement knowledge and behavior change

interventions targeted at high risk groups
(Haiti)

FHI/IMPACT continued to provide technical assistance in a variety of interventions which contributed to the reduction of sexual risk in high-risk groups. Through FOSREF's Projet Lakay targeting female sex workers, peer educators and community workers were trained in techniques of communication around issues of STI, HIV/AIDS, and methods of prevention in 207 educational sessions on the modes of transmission and the means of prevention STI/HIV/AIDS. The peer educators and community workers visited night clubs, bars, and other sites where female sex workers operate to provide education and materials on STI and HIV/AIDS and to sell condoms. Training sessions for community-based support groups providing psychosocial care were held through CARE in Grand'Anse department. Between October and March, five training sessions were held with 45 GRASADIS peer educators. Training focused on the modes of transmission of HIV, means of prevention, and practical matters of concern including the types of lubricants which can be safely used with condoms, etc. A brochure targeting MSM was pre-tested and adapted during four educational events and meetings with group members.

Study on female condom use

(Mexico)

The FHI/IMPACT study on female condom use will contribute to an understanding around female condom use and whether adding this option would have a public health impact. The study results could lead to a future recommendation by CONASIDA to the Ministry of Health to include female condoms in the contraceptive method mix.

MTCT Assessment Tools Developed**(Global)**

IMPACT drafted Mother-to-Child assessment tools to help determine whether health services are adequately prepared for the introduction of MTCT interventions. The tools developed also help to ensure that if MTCT services were introduced, they would be both safe and effective. Through these assessment tools, IMPACT also provided guidance in how to maintain high-quality services. These MTCT assessment tools were field tested in Kenya, Rwanda, Cameroon, Uganda, and South Africa. They are being revised taking into consideration feedback received from the field-testing. Through IMPACT's MTCT efforts, the number of pregnant women counseled and tested for HIV will increase. Through these efforts, more antenatal clinics will offer HIV VCT services. The quality of HIV counseling services for pregnant women will be improved and better care and support services to mothers and children will be provided. Ultimately, mother-to-child transmission of HIV should be reduced.

TB and HIV Management Strategy**(Global)**

During this reporting period, IMPACT published an opinion paper discussing TB control issues in countries with high HIV infection rates in the "IMPACT on HIV" magazine. The paper demonstrated that the current approach to TB in countries severely affected by the HIV epidemic is very fragmented resulting in poor management of TB and increasing TB transmission. It, also discussed ways by which best HIV/AIDS interventions such as behavior change communication can be applied in TB control to increase TB case detection and adherence to TB treatment. Finally the paper highlighted how people involved in TB control and those involved in HIV care and prevention can work together for a better management of both TB and HIV. Such collaboration could include the introduction of HIV VCT in TB clinics, involvement of HIV community groups in TB case detection and treatment supervision and provision of TB preventive therapy to HIV-infected individuals.

Appropriate diagnosis and treatment of STIs**(Eritrea)**

A core group of thirty-three physicians and eight nurse-counselors were trained in the syndromic management of STIs. Training was also provided on the comprehensive care and support of people living with HIV/AIDS. A refresher training course in VCT counseling was conducted for 30 counselors and six counselors were sent to the

AIDS Information Center (AIC) for an advanced course on pre- and post-test counseling. These trained counselors will serve as the core Ministry of Health staff providing quality HIV test counseling, and will serve as trainers of future VCT counselors in the country. The Ministry of Health's "Eritrean Manual on HIV/AIDS Care and Counseling" for health care workers was also technically revised, and modified to include a section on mother-to-child transmission. An assessment of existing STI programs will be conducted in order to formulate a more effective drug regime appropriate for Eritrea.

Implement training program targeted at the police services (Ghana)

A PI6&7 study was conducted during the reporting period and a draft report produced in March 2001. A dissemination of the report for key stakeholders is expected to take place in the first week of April, after which the report will be finalized and distributed. This study will provide data on indicators related to appropriate diagnosis and treatment of STIs, advice to STI patients on prevention, and drug supply at STI clinics. A new sub-agreement developed with the Ghana Police Services provides for the training of 20 additional police health care providers from the Ghana Police Hospital and regional health centers in the syndromic approach to STI case management. Twelve police staff have already received this training from FHI and have been providing services through the police health system.

Implement STI management interventions (Kenya)

Two IMPACT implementing partners, the University of Nairobi's STD Project and the University of Ghent's International Center for Reproductive Health provided training and oversight of syndromic management of STDs in Ministry of Health and private facilities in the ten priority areas of the project. An assessment was recently undertaken of these facilities by an outside consultant and the quality of services provided was determined to generally be of a high standard. Clinical officers have been trained to correctly diagnose and treat STDs using syndromic management guidelines. In partnership with the CDC and the Ministry of Health, VCT guidelines were developed and VCT services were established in three priority areas with preparations made to extend services to seven other sites. A Center of Excellence at the Kenyatta National Hospital for VCT was established with additional funds for renovation, equipment and transport being provided by the Government of Japan.

Implement an STI management intervention targeted at commercial sex workers (Madagascar)

Approval of the research protocol was obtained by the ethical review boards of the University of North Carolina (UNC) and of the Laboratoire de Référence National (LNR) sur le VIH/SIDA in Antananarivo. Funding problems were resolved. In partnership with FHI/North Carolina and HORIZONS, two study components were initiated: (a) identification of appropriate and effective STI screening and treatment strategies for female sex workers in Madagascar; and (b) evaluation of the feasibility and acceptability of a strategy based on improved basic STI services for female sex workers provided in partnership with the sex workers. Grants were developed with LNR, Médecins du Monde (MdM), and FIVMATA, a local NGO. The FHI/IMPACT behavior change intervention coordinator, who was hired in June 2000, continues to provide training of sex workers as peer educators. IMPACT provided technical assistance to train laboratory staff and clinicians to diagnose and treat STIs following study protocol.

**Provide guidelines for
appropriate diagnosis and treatment of STIs
(Nigeria)**

FHI has been working with the Nigerian Ministry of Health to revise algorithms for STI diagnosis and treatment. This is nearly complete, with only the verification of the vaginal discharge algorithm remaining. A validation study is planned, and protocol is under development. Once this is completed, FHI will assist the MOH to retrain health practitioners. The BSS showed a low percentage of individuals seeking treatment from an approved source.

**Conduct evaluations of current STI services
(Rwanda)**

Since 1998, IMPACT has trained 34 trainers in syndromic case management who went on to train 903 service providers based primarily in health centers in the Health Regions of Kigali, Kibungo, Gitarama and Byumba. (In CY 2000, 386 service providers were trained.) In December 2000, IMPACT conducted a modified PI 6 evaluation of STI services in the four focus regions to determine successes in our STI work and areas for improvement. This evaluation found that overall 77 percent of providers are appropriately managing STI cases according to Rwanda's national STI guidelines. In general, the continued weakness in STI case management seems to be attributed to the lack of regular supervision in the public sector. IMPACT also conducted a baseline PI 6 evaluation in Kibuye Health Region, which showed that only 13 percent of STI cases are being managed according to national guidelines. To date, Kibuye Health Region has received very little donor support in the area of STI/HIV/AIDS. Using CDC funds, IMPACT will begin STI training in this region during the second half of FY 01.

Implement an intervention targeted at improving STI care provided at clinics (SFPS)

FHI conducted an evaluation of the integration of STI services into family planning clinics in Cote d'Ivoire during the first half of FY01. A total of 13 clinics participated in the evaluation and a STI prevalence study was carried out in a subset of three clinics. Results are currently being finalized. FHI conducted a situation analysis on STI services being delivered in Cote d'Ivoire (CI), Burkina Faso (BF), Togo and Cameroon. Information collected through the situational analysis will contribute to the development of a strategy for improvement of STI diagnosis and referral in the informal sector, to be implemented in FY 02-03. FHI contributed technical assistance in the development of a JHPIEGO/FHA assessment tool for STI clinic provision in CI, BF, Togo and Cameroon. The sites assessed will be used as the basis for selection of STI sites to be reinforced through the FHA project during FY02-03.

STD and HIV Prevention (South Africa)

IMPACT, with its partners, is making progress toward a major contribution to the state-of-the-art in STD and HIV prevention in high prevalence settings through the periodic presumptive treatment project. This approach is turning out to be a highly effective way to rapidly stamp out STDs which are facilitating HIV transmission, which then buys time to establish behavior change interventions to keep incidence at lower levels for longer periods. By tapering the frequency of the presumptive treatment, the operating project costs become manageable and replicable.

Implement an STI management intervention targeted at commercial sex workers and truck drivers (Zambia)

Health Care Providers trained in syndromic management of STIs provide treatment to the sex workers and the truck drivers along with information on transmission and prevention of STIs.

Establish satellite clinics targeted at MSM and Transgenders (Bangladesh)

Special on-site satellite clinics are now operational in the MSM (2 in Dhaka and 1 in Sylhet) and Hijra (1) and hotel-based sex worker drop in centers (1). The satellite clinics are open twice a week for 2 hours. Between January and March 2001, these clinics were visited by 680 MSM and 135 Hijras. The satellite clinic for the hotel-based sex workers only started in the last week of March. The MSM - Hijra - and

hotel-based-sex-worker peer educators motivate their peers to make use of the satellite clinics and facilitate their visits. Anecdotal information shows that these satellite clinics are the first health facilities ever visited by many MSM and Hijras to discuss their STD problems. However, a recent stock-taking exercise made it clear that strengthening the STD diagnosis and treatment needs follow up training. Such training by a STD specialist has been scheduled for June/July.

Support delivery of quality STD services **(Cambodia)**

FHI/IMPACT Cambodia supported the delivery of quality STD services as part of the targeted interventions for sex workers, uniformed forces, and men having sex with men. Over 2,000 people per month receive STD treatment, 95 % of them are sex workers. Many more receive diagnostic services. 46 health care providers from relevant NGOs were trained, plus health care providers in the Ministry of Defense, and several from private sector companies. Training curricula for these activities are developed, and will be reviewed and finalized.

As part of the National STD prevalence study, FHI/IMPACT Cambodia provides technical assistance for validation of the syndromic management algorithms.

Appropriate diagnosis and treatment of STIs **Men and women seeking treatment for STIs** **(Egypt)**

The STI study conducted in Cairo between 1998-2000 was finalized. Recommendations from this report will point to the need for improved and appropriate diagnosis and treatment of STIs as well as addressing the issues of men and women seeking treatment for STIs in public and private health sector facilities.

Validation study on syndromic STD case management **(Philippines)**

IMPACT has completed the first phase of the validation study wherein current STD case management is being compared with gold standard etiologic diagnosis. There were 1,000 women with vaginal discharge and 100 treated using current STD case management guidelines. Additional treatment was administered based on the results of the STD laboratory tests.

Based on the results of the first phase of the study, a new modified vaginal discharge flowchart has been developed. Currently, there are 526 women with vaginal discharge

treated with the modified vaginal discharge flowchart and 46 men with urethral discharge treated based on the urethral discharge syndromic case management. As in the first phase of the study, additional treatment was given based on the STD laboratory tests.

Currently, post-presumptive treatment prevalence study of STD is being conducted. In connection with the study, the best predictor of gonococcal and chlamydial infections among sex workers will be determined to improve the sensitivity of screening asymptomatic STD among sex workers. Since funding is limited, the study is being collaborated with the STD AIDS Cooperative Central Laboratory.

The reporting guidelines for both etiologic STD reporting and syndromic STD reporting have been finalized. This was reviewed in partnership with UP College of Public Health, Epidemiology Department. Two training sessions on STI Universal Reporting were conducted to assess the effectiveness, feasibility and utility of a standardized STD reporting in one region before a nationwide implementation of this system.

The activity is a joint activity with the National AIDS/ STD Prevention and Control Program (NASPCP). The training oriented the participants on the STD Surveillance and the STD Universal reporting, and focused on data collection, specifically on the use of the STD reporting forms. Emphasis was also given to data entry and data analysis using EPIINFO software as well as the interpretation and presentation of the results.

The STD AIDS Cooperative Central Laboratory has committed to assist in training Region 7 on the universal STD reporting to expand this component. In addition they will take the responsibility of conducting laboratory testing for any periodic surveys that will compliment the STD Surveillance. They will also continue to monitor anti-microbial susceptibility of *Neisseria gonorrhea* and establish anti-microbial susceptibility testing for *Chlamydia trachomatis*.

Due to the restructuring of the Department of Health, there has been a delay in the implementation of the new universal STD reporting. The new point person was oriented on the STD surveillance and the guidelines on the reporting system. A meeting has been conducted to define the roles of the National Epidemiology Unit, the infectious disease cluster of the Department of Health, which is responsible for the National STD Program and the Philippine National AIDS Council secretariat. This resulted in revising the STD surveillance strategy and flow of reporting for STD surveillance.

**Provide training and develop training manuals in
syndromic management
Republic**

(Dominican

As a result of IMPACT assistance, STI norms were finalized. Three training courses on syndromic management were conducted in October and November. Ninety MOH personnel were trained as part of a training strategy that included five more courses with direct USAID/DR support. Official dissemination of the norms is in progress. Three Syndromic Management training manuals have been developed and printed. Two manuals had been distributed among the participants of the training sessions. The third was reviewed and is been printed. The remaining manuals are in stock for future refresher training or training sessions for incoming medical personnel. The need to include this matter in the regular curricula of medical schools is been introduced in the agenda of the authorities of the field.

Syndromic Management Validation Study targeted at Women
(Honduras)

FHI/IMPACT's consultant continues to work with the MOH to complete the Syndromic Management Validation Study in Women. The data for the 933 cases have been entered, reviewed and cleaned. The consultant, together with the MOH staff presented preliminary findings in March to the research team. Analysis of the data is on-going. The consultant will provide assistance in the preparation of the final report expected in June 2001.

Develop syndromic STI algorithms
(Mexico)

The FHI/IMPACT study researched prevalence of STIs in three Mexican cities in order to develop syndromic STI algorithms for use in primary health clinics in Mexico. The findings of this study will be incorporated into CONASIDA's national STI norms.

**Support programs to address the stigma
Of people living with HIV/AIDS
(Nigeria)**

IMPACT/ Nigeria has been funding 6 NGOs working in care and support for PLWAs and PABAs. One of the NGOs implementing a care and support project found it impossible to continue implementation due to internal restructuring. There are five remaining projects. An important part of the work of these NGOs is breaking the stigma of HIV/AIDS at as many levels as possible. The activities of these groups include: sensitization meetings with community leaders and others in the community, and sensitization and training of health care providers with respect to HIV/AIDS. The attitudes in Nigeria of both the general population and the health care profession toward PLWAs is still very negative, though some progress may have been made. The BSS showed universally low levels of accepting attitudes towards those living with HIV/AIDS. This demonstrates that a lot remains to be done in education to relieve stigma. IMPACT/Nigeria is stepping up its efforts to address stigma through the funding of additional NGOs that will address stigma and through training and sensitization meetings with health care providers.

Develop a policy on HIV/AIDS in the armed forces (SFPS)

FHI led the FHA project in the development of a strategic vision for HIV/AIDS interventions in West and Central Africa and presented this document at the regional HPN Officers meeting held in Bamako in November, 2000. This strategic vision is based on a desktop assessment of HIV/AIDS interventions in the region and identifies and details the comparative advantage of USAID in the region. The strategic vision recommends technical domains for continued support, as well as areas for new development by USAID through 2008.

FHI assisted ECOWAS, WAHO, the Civilian Military Alliance and other partners in the planning of a proposed meeting of the ECOWAS countries on HIV/AIDS in the armed forces to develop policy on HIV/AIDS in the armed forces operating throughout the West Africa region. In addition, this meeting will provide a venue for participating countries to develop national action plans and policies for HIV/AIDS within their own armed forces.

FHI conducted a situation analysis of HIV/AIDS services in the Armed Forces of Togo during the second quarter of FY01. Based on the findings of the situation

analysis, a report and a project proposal are currently being finalized. These documents will assist in the development and implementation of a comprehensive response to HIV/AIDS in the Togo Armed Forces, including the development of HIV/AIDS-related policy and procedures.

FHI attended a meeting held in Accra, Ghana on the development of a manual for planning comprehensive HIV/AIDS programs for armed forces in West Africa. This meeting was specifically for Anglophone countries however FHI-WAP is exploring the possibility of holding a similar meeting for Francophone armed forces.

Increased spending on HIV/AIDS prevention programs *(Bangladesh)*

The Government of Bangladesh has agreed to a US \$ 40 million loan from the World Bank, while DFID has committed another 10 million US \$ to the government department administering the World Bank loan. This means that spending on HIV/AIDS prevention programming will increase in the near future. However, some Government policies, such as condom distribution, need to be changed in order to make optimal use of the loan. Currently it is difficult for NGOs to get access to government condoms for STI/HIV/AIDS prevention activities, as only those NGOs involved in Family Planning are entitled to receive condoms.

On the policy level, the Bangladesh Government has given its support to the NGO Bandhu's MSM-related activities in Chittagong, the second largest city of the country.

Build the capacity of local NGOs to carry out advocacy work for PLHAs *(Cambodia)*

ANE regional funds supported the Asia Pacific Network of PLHAs (APN+) to start the process of capacity building for their HIV positive counterparts in Cambodia. The capacity building plans include a field visit of six selected Cambodian PLHAs and two staff from the NGOs that work with them to successful HIV/AIDS and care programs run by PLHAs and CBOs in the North of Thailand and in Bangkok. The exchange visit will help the group to learn from the Thai experience and gain knowledge on how to implement similar projects in their country. The visit took place in March. Following the exchange visit, a two-day debriefing and strategic planning workshop will be conducted in Phnom Penh, Cambodia to develop a workplan for the local PLHAs based on the priorities and areas where their skills and capacity would allow them to contribute. Possible areas include strengthening existing structures of PLHAs in Phnom Penh and clarifying their objectives and goals, identifying PLHAs priorities and working towards starting care and support projects involving PLHAs in Phnom Penh, and advocacy work and partnership with NGOs and government agencies.

ANE regional funds also supported the Asia Pacific Council of AIDS Service Organizations (APCASO) to work with and build capacity of NGOs and CBOs in Cambodia and to introduce the human rights dimension of HIV/AIDS through a training workshop. The training will help NGOs to integrate a human rights framework into existing and planned organizational activities and strategies. In March, APCASO had a meeting to re-establish contact with, brief and invite local partners to participate in the project. The training needs were also discussed, and will form the basis for the piloting of the training modules. Project timelines and workplan have been drafted.

**Implement interventions to reduce stigma and discrimination
toward those living with HIV
(Cambodia)**

FHI/IMPACT Cambodia provides technical assistance through the Asia Pacific Coalition of AIDS Service Organizations on integrating human rights work in HIV/AIDS programs, and vice versa. Beneficiaries are indigenous NGOs working on HIV/AIDS and/or human rights. Training curriculum development is in progress. Support is also provided to 8 private sector companies to develop workplace interventions, and supportive environments and policies for workers with HIV/AIDS.

Expand networks of People Living with HIV/AIDS (India)

The ANE funds have supported the establishment of a national network of persons living with HIV/AIDS in India. The Indian Network of People Living with HIV/AIDS (INP+) was formed by 12 HIV positive persons from different states in India. Through ANE support, the group has grown to become a national network recognized by the Indian National AIDS Control Organization (NACO). INP+ now has more than 250 active members from 14 states of India and is involved in national policy and planning. Current support aims to expand the network through formalizing relationships with six state level networks and to strengthen advocacy and programming skills. In the past six months, INP+ has assisted a PLHAs network in Andhra Pradesh to be registered and signed an MOU with them. It also signed an MOU with the Kerala network, which is now officially affiliated with INP+. In New Delhi, the network has been initiated and INP+ continues to formalize its relationship with them. The skills building workshops for PLHAs state level networks in five states of India are being prepared. The first workshop will be conducted in May.

**Support Ministry of Health in VCT services
(Jordan)**

IMPACT is to work with the counseling staff at the MOH Hotline and Counseling Center to provide VCT services and to set up an appropriate referral system for PLWHAs which will ensure that the psychosocial and medical needs are fully addressed. By providing the necessary support to MOH staff, this will not only encourage people to access VCT services but also ensure that PLWHAs are provided services by trained, non discriminatory staff in a professional manner. Furthermore, the establishment of a Care Committee of public and private practitioners will lead to a referral system for the psychological and social needs of PLWHAs.

Strengthen Thai Network of PLHAs
(Thailand)

After a process of consultation and discussion, the Thai Network of PLHAs (TNP+) will receive support from ANE to strengthen its PLHA networks, promote access to OI treatment among 23,000 PLHAs throughout Thailand, and, through TV and radio campaigns, create an improved understanding and positive public attitude towards people infected by AIDS. The project will start 15 April involving 465 PLHAs groups in the country, 55 AIDS NGOs, 882 government hospitals, 852 private hospitals, 913 health care centers, 12 Offices of Communicable Disease Control, and the general public.

Promote increased spending on HIV prevention programs **(Baltic Sea Region)**

In FY01, IMPACT worked towards assessing and prioritizing the technical support system needs of the countries and cities in the Baltic Sea Region, in an effort to expand and strengthen the capacity of governments, local authorities and indigenous NGOs to deliver HIV/AIDS information and services. By involving social sector institutions and policy-makers in this effort, it is expected that spending on HIV prevention programs in that sector will increase.

Strengthen technical capacity of Coordenação Nacional (NACP) and 10
priority STI/AIDS programs of four states **(Brazil)**

As part of IMPACT's strategy to strengthen Aids Programs in Brazil (NACP and 10 target programs), FHI conducted two more training sessions. The first one was in December 2000 on "Vulnerabilities and Evaluation of Prevention Activities", in partnership with the Department of Social Medicine/University of São Paulo (USP), with representatives from each target program and the NACP (23 participants). The second training was on "Participatory Methodology for Facilitators", and took place in January 2001. It was implemented in partnership with Transforma (local NGO). Participants were chosen among FHI consultants (responsible for previous technical courses) and staff of target State/Municipal AIDS Programs and the NACP.

The staff of some of the target Aids programs also participated in a second round of self-evaluation workshops (FACT II). The two first workshops were conducted during the month of March 2001 in the State of Ceará, one with the State Program and the other with the Municipality of Fortaleza. In February 2001, two other FACT II workshops were implemented, this time in the State of Rio de Janeiro, with the Municipality of Rio de Janeiro Program.

The managerial and technical capacity building tool kit (APROGE/FACT tool kit) was used in the workshops and disseminated at some other events.

Technical assistance (TA) was provided to all priority programs in order to support and monitor planned activities. The RA and/or two FHI consultants met with program coordinators and their staff members on a regular basis, discussing the implementation of their Technical Capacity Building Plans.

Between October 2000 and March 2001, technical assistance (TA) was provided by FHI to some of the target programs, following their Plans of Action for Technical Capacity Building. The STD/AIDS Programs of Campinas, São Paulo City, the State of Ceará and Salvador received TA from FHI consultants on Harm Reduction Strategies, Condom Social Marketing and Monitoring & Evaluation. IMPACT conducted or attended many meetings with government and NGO leaders to share strategies for STI management.

Strengthen management capacity of Coordenação Nacional (NACP) and 10 priority STI/AIDS programs of four states (Brazil)

Through its partner Management Sciences for Health (MSH), IMPACT continued to work collaboratively with federal, state and municipal HIV/AIDS programs to strengthen their management capacity. Current activities in this area are linked and coordinated with the technical capacity building process. In the first half of FY 2001, MSH conducted the initial management needs assessment of the Rio de Janeiro State STD/AIDS program, thus incorporating the last of 10 target state and municipal programs into the management development process. MSH also conducted the second management needs assessment in the Santos Municipal STD/AIDS Program, thus completing the second round of assessments in 9 of the 10 target programs. Based on the findings of the assessments, management development plans were prepared (in the case of the initial assessment in Rio de Janeiro) or updated (in the case of the second assessment in Santos) by the target programs.

Based on the assessments conducted to date in all ten target programs, MSH provides management assistance tailored to the needs of each program. During the first six months of FY01, technical assistance was provided to the Bahia State Secretariat of Health STD/AIDS Program to define its mission and objectives and to the Ceará State

Secretariat of Health Sexual and Reproductive Health Unit to prepare its operational plan for 2001. This latter assistance was carried out together with Pathfinder International. MSH also provided technical assistance in strategic planning to the São Paulo State Secretariat of Health STD/AIDS Program. This assistance focuses on preparing a situational analysis and response analysis in preparation for strategic planning to be carried out later in the FY.

Throughout the first six months of this FY, MSH has monitored implementation of the target programs' management development plans. Special efforts have been made to include activities contained in the management development plans in the annual work plans (POA).

The management development process used by IMPACT, called APROGE, has been so successful that the NACP has requested that MSH conduct management needs assessments and provide management development support to non-USAID target states. Specifically, the NACP would like USAID to provide management assistance to all six states in northern Brazil and to the three states in the northeast with the least capacity to respond to the epidemic.

In the early months of this FY, IMPACT Project activities in Brazil were reviewed by an independent team. One of the recommendations of the review team was that MSH focus more specifically on meeting the technical assistance needs of the NACP. Consequently, MSH's work was immediately re-focused on assisting the NACP with strategic planning. IMPACT, through MSH, is thus working with the MOH/NACP to adapt the UNAIDS strategic planning methodology and train strategic planning facilitators from all of Brazil's 27 states. Upon completion of training, IMPACT will assist the USAID target states to prepare state-level strategic plans. Depending on the availability of funds, IMPACT will also assist non-USAID target states with preparation of their strategic plans. As a result of this effort, all 27 states in Brazil will have produced strategic plans for confronting the AIDS epidemic by September 30, 2001. IMPACT is collaborating with PAHO in this endeavor.

In addition to strategic planning, IMPACT has also strengthened its coordination with the NACP, working with it to define its current and future technical assistance needs in the area of management such that they will be included in the USAID FY02 work plan. Management technical assistance to implement state-level strategic plans, improve the quality of STD/HIV prevention and care and implement a system to monitor the costs of HIV/AIDS care are the priorities that have been identified to date.

Coordination has also been strengthened with the STD/HIV/AIDS programs of the State Secretariats of Health of Bahia, Ceará, Rio de Janeiro and São Paulo, and Municipal Secretariats of Health of Campinas, Santos, São Paulo and Rio de Janeiro in order to obtain support, assess needs and receive suggestions for the FY02 work plan. After consultations with all partners, a preliminary FY02 work plan was prepared and presented to USAID/Brazil.

Develop financing for prevention and care interventions *(Dominican Republic)*

To date, twenty-nine provincial operational plans have been developed. Thirteen Follow up Committees are active, developing financing and fund raising plans for their activities. One has completed its funding plan.

Enhance and strengthen the capacity of the MOH, NACP and local organizations to provide quality Voluntary Counseling and Testing services *(El Salvador)*

In FY01, IMPACT/El Salvador will continue to support the implementation of a national VCT program through training for both governmental and non-governmental organizations. The VCT program addresses some of the key UNAIDS monitoring and evaluation indicators. Among indicators being impacted by this program are the population requesting HIV tests and receiving results, districts with VCT services, quality post-HIV test counseling and VCT centers with conditions conducive to quality service provision. IMPACT will also sustain the development of monitoring and evaluation tools for VCT. These tools will measure, among other things, the infrastructure and management of counseling and testing centers, the level of population coverage and productivity and the availability and training of counselors and counseling materials.

Information Programs: Participate in international conferences***(Global)***

IMPACT HQ, with additional support from IMPACT/Brazil through USAID/Brazil, supported the participation of some 50 individuals from throughout IMPACT countries in Latin America and the Caribbean in the Foro 2000, the 1st Latin American and Caribbean Horizontal Technical Cooperation Conferences on HIV/AIDS & STD, held 6-11 November 2000, in Rio de Janeiro. IMPACT disseminated several thousand publications in Portuguese, Spanish and English via a large exhibition booth encompassing IMPACT Project and other USAID-funded programs in Brazil and Latin America.

Additionally, IMPACT received requests for hundreds of copies of the AIDSCAP BCC handbook series of nine topical manuals, as well as the AIDSCAP book, *Control of Sexually Transmitted Diseases: A Handbook for the Design and Management of Programs*. IMPACT staff members made a variety of presentations, including the organizing of three workshops: one on the strengthening of government-funded HIV/AIDS programs, another on designing behavior change interventions, and a third joint FHI/MSH workshop on FACT and APROGE, the technical and managerial tools that have been developed in Brazil for HIV/AIDS programs by the IMPACT Project. Two IMPACT staff participated in the Monitoring the AIDS Pandemic (MAP) Network symposium, in collaboration with the Joint United Nations Programme on HIV/AIDS (UNAIDS), World Health Organization (WHO) and Pan-American Health Organization (PAHO) on “HIV and AIDS in the Americas: An Epidemic with many Faces,” which resulted in the production and dissemination of a 50-page provisional report on the HIV/AIDS epidemic in the region for all the conference participants. Finally, two presentations were made at the conference on IMPACT behavioral surveillance surveys (BSS) in the region.

IMPACT held several meetings with Horizons Project staff to plan some potential joint workshops/conference roundtable sessions for the XIIth International Conference on AIDS and STDs in Africa on 9-13 December 2001. And, IMPACT HQ continued to liaise with the IMPACT Asia Regional Office on planning for IMPACT participation in the Sixth International Congress on AIDS and STD in Asia and the Pacific (ICAAP), to be held in Melbourne, Australia, from 5-10 October 2001.

Implement an intervention targeted at the work force**(Ghana)**

IMPACT/Ghana supported the Private Enterprise Foundation to conduct an advocacy workshop for top-level business executives from March 16-18, 2001. There were 30 participants drawn from 24 institutions. The opening ceremony was attended by the Honorable Minister for Trade and Industry and the Honorable Minister for Health. This workshop was facilitated by an FHI external consultant, who also developed guidelines to assist the Private Enterprise Foundation to develop a proposal for an HIV/AIDS workplace intervention.

Provide assistance in improving HIV/AIDS services**(REDSO)**

IMPACT is providing funds and technical assistance to the Regional Center for Quality of Health Care, which provides training and support to member organizations of the Center's network. A full-time HIV/AIDS advisor was hired to support HIV/AIDS courses and promote and disseminate better practices for HIV/AIDS prevention, care and support in the region. IMPACT will work to build the capacity of the Center to implement this plan.

Capacity building of partner organizations**(Cambodia)**

Capacity building of partner organizations is the purpose of the FHI/IMPACT Cambodia program. Partners include not only 3 government ministries (National AIDS Program, Ministry of Defense, and Ministry of Interior), but also 15 international and indigenous NGOs, and 8 private sector companies. These partners have reached 3,000 workers in companies; 40,000 uniformed forces; and 5,227 sex workers with quality HIV/AIDS/STD services.

Develop network to increase effective implementation of HIV/STI prevention services in local institutions**(Baltic Sea Region)**

A coalition-building workshop was held in March 2001 for NGO partners, donor partners, technical collaborators and other key stakeholders, in an effort to develop a systematic approach to sharing and expanding upon the existing HIV/AIDS expertise, with the ultimate goal of increasing programmatic coverage. It is expected that a technical support system/network will be established that will allow for capacity building of local institutions. By receiving IMPACT subagreements within the next six months, local NGOs will begin to increase their capacity for more effective

implementation of HIV/STI prevention services, and thereby contribute to an increase in the number of people receiving quality HIV/AIDS services.

Organize workshop for local NGOs
(Russia)

In FY01, IMPACT/Russia worked towards expanding and strengthening the capacity of indigenous NGOs to deliver HIV/AIDS information and services. A workshop was held in March 2001 for local NGOs that focused on “HIV/AIDS Prevention Information and Risk Reduction Networking”. In addition to viewing current examples of outreach activities, creating Action Plans and identifying areas of need for potential future FHI activities, the workshop also resulted in the creation of a network of NGOs that will encompass continued training, technical assistance, information exchange and mutual support. By learning lessons from each other, sharing information and improving their own means of information dissemination, the members of this network will contribute to an increase in the number of people receiving quality HIV/AIDS services from NGOs.

Strengthen technical, institutional and social sustainability of priority HIV/AIDS NGO's in priority states
(Brazil)

At the request of USAID/Brazil, IMPACT established a partnership with the NACP to develop a methodology to measure sustainability among non-governmental organizations (NGOs) in Brazil. Through a bidding process, a local group composed of John Snow do Brasil and Fundação Promundo was chosen to conduct the study. The survey was equally supported by the NACP and USAID (through IMPACT funds). It was completed in early October 2001, and the results were then presented to the National AIDS Control Program (NACP) and to the Working Group. The findings of the survey were disseminated by Fundação Promundo during Forum 2000 (LAC STI/AIDS Conference which was held in Rio de Janeiro in November 2000).

Completion of the “Evaluation Programs for HIV/AIDS Prevention and Care Programs in Developing Countries” handbook
(Global)

The handbook is currently at the printer. It is a 17-chapter book designed to support program managers and decision makers in HIV/AIDS program evaluations in resource-limited settings. The handbook complements the UNAIDS “National AIDS Programmes: A Guide to Monitoring and Evaluation” indicator book, and operationalizes the application of monitoring and evaluation and data collection. The book will be disseminated using an FHI distribution list and will be put on the FHI website.

Field-testing of four state-of-the-art guidelines on data collection systems and evaluation methodologies
(Global)

An M&E project training module was developed and field-tested with the military group in Accra/Ghana. Representatives from several African countries including Nigeria, Kenya, Ghana, Eritrea, South Africa, and Zambia attended. The tool was developed using the M&E handbook and can be used for training in any area of M&E. The M&E training tool was disseminated to participants and FHI countries to be used by participants and FHI staff to train others in M&E.

A country M&E workplan template has been developed and is being used in Guyana, Senegal, Nigeria, and Namibia to develop their country-specific M&E plans. Other FHI countries will also be supported in using the template for their M&E country plan.

IMPACT developed a baseline data tool to be used with the orphan and vulnerable children program. The baseline collected information on household issues related to the OVC situation in Zambia. This included levels of education of children, access to services, levels and sources of household income, numbers of orphans and age and relationship of guardians, amongst other issues. The Tropical Disease Research Centre has been working to complete its analysis of the bio-BSS which provides baseline data on rates of STIs amongst sex workers and knowledge and behavior practices. Another tool currently being field-tested in Brazil is a capacity building skill assessment tool.

**Increased capacity to perform BSS and
Second Generation Surveillance
(Global)**

Several countries in both Africa (South Africa, Lesotho, Ethiopia, Burkina Faso, Benin, Cameroon, Namibia, Togo and Swaziland) and Asia (Vietnam) have requested technical assistance in performing the BSS for the first time. Further strengthening of the surveillance system is being carried out through additional rounds of BSS (Senegal, Kenya, Côte d'Ivoire, Cambodia, India, Bangladesh and Indonesia). In addition, WHO recognized FHI as being a collaborative center for Second Generation Surveillance. WHO is currently translating the BSS guidelines and the FHI/IMPACT and UNAIDS joint publication "Meeting the Behavioral Data Collection Needs of Countries" into Russian.

Avert model used for impact assessment and cost-effectiveness (Global)

The Avert model approach is continuing to be applied in different settings. Currently, the Future's Group is using the Avert model to make informed assessment for prioritization of resource allocation.

**Behavior Surveillance Survey Dissemination
(Global)**

BSS data dissemination routinely occurs in each country following completion of the BSS data collection and analysis. There are numerous African BSS reports being finalized and later disseminated through in-country activities and the posting of executive summaries of the BSS reports on the FHI website. In addition, BSS protocols and BSS data were disseminated in several international meetings on HIV/AIDS/STI and Second Generation Surveillance, including the WHO/EMRO meeting in Beirut/Lebanon 2000, the WHO/AFRO and CDC meeting in Harare, January 2001, and the WHO/UNAIDS meeting held in the Philippines, April 2001.

**Initiate a Behavior Surveillance Survey
(Ethiopia)**

IMPACT is beginning a behavior surveillance survey (BSS) in Ethiopia with a sample of 23,000. The target groups include in-school youth, out of school youth, female sex workers, farmers and pastoralists, factory workers, long-distance drivers and military personnel. Data collection is expected to begin in May 2001. This first round of BSS will initiate a monitoring system that will track behavioral trend data for high risk and vulnerable target groups which influence the epidemic in Ethiopia, and can be used in future programming. IMPACT's work will build the capacity of a local organization

to implement this type of study and will provide baseline behavioral trend data that can be used for both monitoring and evaluation purposes.

Implement an intervention targeted at the work force
(Ghana)

IMPACT/Ghana supported the Private Enterprise Foundation to conduct an advocacy workshop for top-level business executives from March 16-18, 2001. There were 30 participants drawn from 24 institutions. The opening ceremony was attended by the Honorable Minister for Trade and Industry and the Honorable Minister for Health. This workshop was facilitated by an FHI external consultant, who also developed guidelines to assist the Private Enterprise Foundation to develop a proposal for an HIV/AIDS workplace intervention.

Develop a peer education curriculum targeted at youth
(Rwanda)

In mid-February, IMPACT launched an HIV prevention project with the Byumba Catholic Diocese. The project targets 12,000 youth in two parishes through peer education. The peer education curriculum developed by JOC entitled “*Un Travailleur en Bonne Santé Vaut Plus que Tout l’Or du Monde*” will be adapted for use in the Byumba project. The curriculum contains 11 one-hour participatory sessions youth can conduct with other youth to improve knowledge and change behaviors associated with HIV/AIDS. IMPACT-Rwanda began working with the Kibungo Catholic Diocese on developing a similar project for the *Mouvement Xaveris*, also a youth organization. This new project is set to begin in May.

Implement interventions aimed at
improving care and support to PLWHA
(SFPS)

FHI conducted a situation analysis of care and support and VCT services in Burkina Faso, Cameroon, Cote d’Ivoire and Togo. The results of this analysis will be available early in FY01 Q3. These results will be used as a basis for the selection of care and support associations and PLWHA NGOs to be supported both technically and financially by FHI/IMPACT during FY01, 02 and 03. FHI also sponsored the attendance of a participant from Cameroon at the Sisters for Life conference on support to PLWHA, held in Geneva Switzerland in March 2001.

The FHI Manual for VCT counselors for use in Cote d’Ivoire will be completed in FY02. FHI began the development of a training curriculum that will accompany the manual; this curriculum will be completed in FY01 Q3. The manual and curriculum

are for use by NGOs and PVOs (although not limited to these sectors) in the training and support of counselors working in VCT centers, community-based organizations and other outlets providing HIV/AIDS-related testing and care services.

Strengthen local capacity to implement surveillance activities

(Cambodia)

The Regional Program is providing technical support to NCHADS for the design and implementation of HIV Sentinel Surveillance (HSS), Behavioral Surveillance (BSS) and a national STD Prevalence and Algorithm Validation. ARO staff and consultants have worked with NCHADS on developing mid-term plans for integrated surveillance, analyzing data, conducting consensus workshops to interpret and disseminate surveillance data, preparing data for publication and presentation at international conferences and fine-tuning data collection systems to improve and adapt to changing needs. NCHADS is currently implementing an STD prevalence study with Regional Program's technical assistance.

Support research and communication activities

(India)

All five preparatory research studies supported by FHI/IMPACT in Maharashtra are complete and reports for all except the BSS and condom study are ready for printing. A communication strategy is being developed for the state of Maharashtra. Both activities will lead to strengthened data collection.

Build the capacity to implement a national surveillance system

(Laos)

The Asia Regional Program began providing assistance in early 2000 to build the capacity to implement an integrated national surveillance system in Laos in collaboration with other partners (WHO, EU, CHASSPAR). Mobile populations who moved between the surrounding high prevalence countries and Laos were mapped in key provinces. These groups were included in the first round of behavioral surveillance, along with the subset of female factory workers in Vientiane (assumed to be internal migrants) and the police and military. The first round of data in these groups was collected in the fall of 2000 and is currently being analyzed. The methodology chosen for this national surveillance system has been based upon cross-border and internal migrant patterns.

Since no reliable STI data exists on any risk groups in Laos, a population-based STI prevalence study is being conducted among bar girls, truck drivers and female factory workers, to establish baseline data. To promote efficient data collection, the HSS and the STI prevalence surveys were combined. FHI has placed staff in Laos to provide technical assistance with this rigorous survey that is currently underway.

By the summer of 2001, all the surveys will be complete and analyzed. Laos will have the first set of comprehensive national baseline data to base future strategic programming decisions.

ARO and its consultants and subcontractors, through support from the ANE program, have provided ongoing technical assistance for HSS, BSS and STI surveillance to provide national baseline data.

**Design and Implement a Behavior Surveillance Survey
targeted at truckers and female sex workers
(Nepal)**

In collaboration with the National Center for AIDS and STD Control of the Ministry of Health, the Asia Regional Program designed an HIV/STD and BSS among truckers and female sex workers in the Terai. Objectives of the survey were: (a) to provide supplemental information to the country's existing sentinel surveillance system which was potentially not capturing HIV trends in these groups; (b) to provide baseline biologic markers for STD interventions from which to measure progress and success in the future; and (c) to provide USAID with biologic data in the area of USAID-funded intervention concentration. The survey was implemented by several local organizations with technical assistance from FHI and the University of North Carolina. The results led to the subsequent development of a syphilis intervention program for both truckers and sex workers along the highway route where most of the target population reside and work. This program will be evaluated by a similar follow-up study of HIV/STD prevalence after two years. This will provide the Ministry of Health, USAID and all partners with biologic markers showing the success of the interventions in reducing the overall prevalence of STDs. The results have further highlighted the linkage of trafficking to HIV infection.

FHI plans a HIV/STD prevalence survey among Nepali migrants living in Maharashtra State, India. This will include behavioral questions related to their sexual behaviors at both source and destination in order to understand where interventions are needed and the potential effects of HIV infection transmitted in India on Nepal.

**Implement a Behavior Surveillance Survey
(Vietnam)**

The Asia Regional Program began its support for behavioral surveillance (BSS) in Vietnam in 1998. The Asia Regional Program is currently providing technical assistance in design and analysis to Vietnam's behavioral surveillance system, and this year, ARO assisted the country in completing their first round of BSS. ARO worked with the NAB and the National Institute of Hygiene and Epidemiology (NIHE) to implement the first round of behavioral surveillance among five sub-populations in five provinces. The female groups chosen were karaoke and bar girls (indirect sex workers) and street-based freelance sex workers and the male groups were IDUs, long distance truck drivers and construction workers. These groups were chosen because they were thought to be most likely to be at risk of HIV infection or to be bridge groups.

An innovation of the BSS in Vietnam is the community-based sampling approach, which was utilized to get better estimates of risk behaviors in the overall community. ARO staff were instrumental in providing training to the Vietnamese surveillance team in the design and implementation of behavioral surveillance using state of the art techniques.

Initial dissemination of this data occurred through an ARO co-sponsored workshop on 2nd generation surveillance in Vietnam in March 2001 and in-depth analysis of the data is ongoing. Plans for widespread dissemination of the BSS data and a joint meeting with UNAIDS on 2nd generation surveillance involving all the surveillance partners in Vietnam have been made and preparations are underway.

**Provide technical assistance for surveillance and
monitoring and evaluation activities**

(Dominican

Republic)

The MIS local consultant assisted in selecting the kind of computer network for DIGECITSS' new offices. Installation is in progress. The consultant developed and tested an instrument for monitoring and evaluating the POP's activities with the participation from 15 provinces that have their plans already developed. These provinces received training in the use of the instrument. The consultant has drafted a list of indicators for monitoring and evaluation of DIGECITSS activities. He has also participated in several coordination meetings with the epidemiological surveillance and laboratory and blood bank teams.

In addition, FHI/IMPACT provided technical assistance to DIGECITSS to review proposed second-generation surveillance system to be implemented in the DR. FHI staff reviewing site selection criteria, protocols and questionnaires.

Disseminate results from Behavioral Surveillance Survey
(Haiti)

Results of the Behavioral Surveillance Survey conducted during the previous reporting period were disseminated in January 2001. The BSS provided data on indicators including STI/HIV/AIDS knowledge, percent of youth having risky sex with sex workers, frequency of condom use with regular partners and with commercial sex workers, and others. The data are expected to be used by FHI/IMPACT and its partners to strengthen educational and training activities.

Conduct youth behavior study
(Honduras)

FHI/IMPACT and MERCAPLAN have completed the youth behavior study. The study was conducted in the four cities reporting the highest sero-prevalence levels in Honduras: Tegucigalpa, Comayagua, San Pedro Sula, and La Ceiba. The study collected qualitative and quantitative data on aspects related to the promotion of abstinence, delaying the beginning of sexual activity among youth, knowledge of consequences of high-risk behavior, and protection through condom use. The surveys were conducted among youth ages 15-19, attending both public and private educational systems. A total of 3,213 surveys were conducted, with an even distribution among males and females. The results of the survey show the knowledge, attitudes, and myths regarding sexuality and HIV/AIDS. The survey also helped to identify risky behaviors among the population. These results will ideally be used in developing mass campaigns for HIV/AIDS prevention, making them more effective, thus contributing to stopping the course of the epidemic in Honduras.

Assist in and strengthen capacity of local organizations to do both program and behavioral evaluation
(Jamaica)

IMPACT is working together with the Jamaican research firm, Market Research Services Limited (MRSL) to conduct a behavioral surveillance survey (BSS) of high-risk populations. The purpose of this survey is to provide previously unavailable data that will enable the Ministry of Health and its partners to start to track behavior, measure impact of HIV/AIDS interventions and plan its future program for Jamaica. The BSS includes four populations, female commercial sex workers, informal commercial importers, out-of-school youth and in-school youth. To date, MRSL has completed the surveys of the first three populations. In April and May 2001 MRSL will conduct the in-school youth survey.

Information Programs:**Provide Support from the IMPACT Information Resource Center** *(Global)*

The IRC was reorganized from October through December 2000, and the new IRC manager, who was hired in February, started building on the needs assessment designed and performed by her predecessor to provide IMPACT staff around the world with expanded print and online resources. New resources reflect the strengthened portfolios in IMPACT's expanded HIV/AIDS care and support and other infectious disease programs, and they include both print and electronic sources. The volume of requests from overseas continues to grow, and the IRC manager is newly tracking a few identified HIV/AIDS policy and news issues for designated IMPACT HQ staff, as well as key project partners and consultants overseas who do not have access to U.S. information sources.

Information Programs:**Prepare and disseminate topical publications***(Global)*

IMPACT produced an additional four fact sheets to add to the previously published and disseminated collection of 20, encompassing specific technical, topical and programmatic issues and target audiences prioritized for special attention by the project's HIV/AIDS prevention and care initiatives. This collection will continue to grow and these fact sheets are designed to be updated at will, available for electronic dissemination and also are available on FHI's website. IMPACT continued final editing of *Evaluating Programs for HIV/AIDS Prevention and Care in Developing Countries*, a book that will be published in the late spring/early summer of 2001.

IMPACT continued its partnership with the U.S. Centers for Disease Control and Prevention (CDC) in writing and editing the multi-volume book entitled *HIV/AIDS Prevention and Care in Resource-Constrained Settings*. This book is nearing completion and will be produced and published by IMPACT in the summer/fall of 2001. IMPACT also produced a report, co-published with the U.S. Centers for Disease Control and Prevention, on a joint workshop held with some 65 Kenyan, USAID staff, and other colleagues in Nairobi, Kenya, on 7-8 September 2000, entitled *Proceedings of the Consultative Technical Meeting on HIV Voluntary Counseling and Testing (VCT)*.

**Provide support for programs targeted at
Community-based care of OVC
(India)**

FHI/IMPACT organized a sharing of experiences meeting for all CAA project partners. Photo and written documentation of all six projects was completed. Results this period include the finalization of the caregivers' manual, and the provision of space for a crisis intervention center in Mumbai. A strategy for Children and AIDS has been developed and is with the Mission for approval.

Additional Indicators from UNAIDS

Monitoring and Evaluation Guide

Sexual Behavior among Young People

Ghana

The first round of the BSS included male and female youth from three areas and will provide information on the following indicators: median age at first sex, young people having premarital sex in the last 12 months, and condom use at last risky sex.

Many of the ongoing and newly initiated interventions during this reporting period, including behavior change activities with youth by the Red Cross Society, Presbyterian Church of Ghana, Queenmother's Association of Manya Krobo, and Ghana Girl Guides Association, directly address sexual behavior among young people and contribute to improvements in these indicators.

Nigeria

Three NGOs specifically targeted their efforts at in-school youth, developing peer health education programs and anti-AIDS clubs, and by advocating with school administrators, teachers, and parents. In addition, many of the other NGOs, specifically the faith-based and workplace related organizations, work with youth as a part of their mandate. The youth make up a significant portion of those employed in these projects' target areas and of the target populations of the faith-based groups and through peer education and sensitization meetings these groups also receive services.

The BSS provides data on several UNAIDS indicators. Among youth surveyed who had previously had sex, the median age for first sex ranged from 15 years among male youth in Enugu and 17 among females in Ekiti. 10% of male youth and 9% of female youth reported premarital sex in the last six months. 48% of males and 28% of females reported using a condom at their last non-regular sex act. 3% of male youth and 1% of female youth reported multiple partners in the last six months.

Haiti

FHI/IMPACT has provided assistance through the FOSREF theater club to build the capacity of these youth to reach their peers with messages of responsible sexuality, through their Education through Entertainment project and supported the Jamaican group ASHE to provide training for 25 theater club members in using drama as an educational tool.

The interactive “No Kapòt, No Love” media campaign targeted at youth and men was initiated in October with radio broadcasts involving four celebrities and those same celebrities visiting three project sites—Port-au-Prince, Cap-Haïtien and Jérémie—to meet youth in school, at cultural events, athletic events, etc. The message promoted by this campaign was

reinforced with materials including brochures, posters and T-shirts. The campaign, which will end at the end of April 2001, is expected to reach nearly 350,000 youth.

An essay contest was announced in November for second and third grade classes resulting in a large number of entries from school children on HIV/AIDS, the risks to youth of infection, and particularly possible responses to slow the progression of the disease in the country. Prizes were awarded to two youth.

Voluntary Counseling and Testing (VCT)

Eritrea

Following an assessment of VCT services in Eritrea, a refresher training course in VCT counseling was conducted for thirty counselors. Building on this refresher training course, eight counselors were sent to the Kenya Association of Professional Counselors Kenya (KAPC) for a one-month intensive counseling certificate course; and six counselors were to be sent to the AIDS Information Center (AIC) for a two-week advanced course on pre- and post-test counseling. These trained counselors will serve as the core Ministry of Health staff providing quality HIV test counseling, and will serve as trainers of future VCT counselors in the country.

Ghana

As a follow up to a VCT rapid assessment undertaken by FHI in May 2000, six sites with potential for providing integrated HIV testing and counseling services were assessed and specific recommendations made for building the capacity of these sites to provide services. A subagreement was signed with the Ghana Police Services for initiating HIV VCT at the Ghana Police Hospital and technical assistance provided as part of the above assessment for strengthening existing service provision. Technical assistance was provided in the development of draft guidelines for implementing HIV VCT in Ghana.

Kenya

VCT services are only just getting underway in Kenya and the IMPACT project is leading the way, working with the CDC and the Ministry of Health. A consultative technical meeting on VCT was held with international and national specialists to identify key issues for resolution before VCT could be implemented. VCT guidelines were then developed in consultation with the government. Under IMPACT, counseling training, provision of rapid test kits and renovation of facilities have been on-going. Full VCT services were established in three priority areas and preparations were made to begin services in the other seven sites. A Center of Excellence at the Kenyatta National Hospital for VCT was established with additional funds for renovation, equipment and transport being provided by the Government of Japan.

Rwanda

During this reporting period, IMPACT developed six subagreements for VCT. Three of these subprojects (Byumba Hospital, Bilyogo Health Center and Association pour le Bien-Etre

Familial, ARBEF, which has three service delivery points) were officially launched in March. The remaining three will begin in April. Other sites being supported by IMPACT are Kabgayi, Rwamagana and Ruli District Hospitals as well as the Centre Rwandais d'Information sur le SIDA (CRIS). IMPACT support to these sites includes three key elements: full time counseling staff, rapid testing and confidentiality. The introduction of rapid tests has increased both the demand for VCT and the percentage of clients who receive their results by approximately 25 percent. IMPACT-supported VCT services are currently in seven Health Districts.

Related to VCT, IMPACT worked with the NACP and the National Integrated Program for TB and Leprosy (PNILT) to finalize the protocol for the prevention of TB, using INH and several other opportunistic infections, using Bactrim. In May, the protocol will initially be implemented at our VCT sites at Kabgayi and Rwamagana District Hospitals in order to provide better medical follow-up for VCT clients who are HIV positive.

SFPS

The FHI Manual for VCT counselors for use in Cote d'Ivoire will be completed in FY02. FHI began the development of a training curriculum that will accompany the manual; this curriculum will be completed in FY01 Q3. The manual and curriculum are for use by NGOs and PVOs (although not limited to these sectors) in the training and support of counselors working in VCT centers, community-based organizations and other outlets providing HIV/AIDS-related testing and care services.

Jordan

Staff at the MOH will be trained to provide VCT services. Currently, it is planned to have only one VCT site based at the existing counseling and hotline center. MOH staff will ensure that all aspects of VCT services are provided to persons requesting such services. Furthermore, it is planned to establish a Care Committee of public and private practitioners to help establish a referral system for the psychological and social needs of PLWHAs.

Haiti

Through the CARE project assisting HIV/AIDS-affected families, over 700 voluntary HIV tests were conducted between October 2000 and March 2001, with technical assistance from FHI/IMPACT. Pre- and post-test counseling activities are conducted by 35 people trained through FHI/IMPACT during fiscal year 2000. Support groups (see above) assure the provision of community support and quality of post-test counseling.

Nine health facilities were supported to provide voluntary HIV counseling and testing services in accordance with the protocol recommended by the Ministry of Public Health.

Mother-to-Child Transmission of HIV

Kenya

With IMPACT assistance, two hospitals in Western Province of Kenya have started a MTCT program within their ante-natal/maternity wards providing nevirapine during pregnancy of positive mothers and their babies.

Blood Safety

Kenya

In consultation with the Ministry of Health's Blood Transfusion Service, a blood policy was developed including guidelines for quality assurance.

Egypt

Assistance was provided to the Ministry of Health/Population – General Directorate of Blood Affairs in designing a national level basic training course on “Basic Principles of Safe Blood Practices.” Besides assisting with a TOT, more than 20 staff at 2 regional blood bank sites (Tanta and Ismailia) were trained. Further assistance will be provided to the MOHP/GD to train 500 blood bank staff on the basic principles of safe blood practices over the next few months.

Universal Precautions standards and guidelines were introduced to the National Blood Transfusion Service. A working Committee has been established to adopt and to operationalize these standards within the MOHP Blood Centers.

Care and Support for the HIV Infected and their Families

Kenya

IMPACT partner, the University of Ghent's International Center for Reproductive Health, trained medical officers in sites in Mombasa on the care of patients with HIV. Additional work will be done in this area in order to ensure comprehensive and appropriate treatment and care for patients with HIV and AIDS. Two home-based care projects were initiated.

Nigeria

The care and support efforts of the IMPACT-funded NGOs are important in FHI's overall activities. The previous six months has seen continued efforts by these organizations towards this end. The efforts have been through both home-based care and support to clinical services. Under the new strategy IMPACT/Nigeria will multiply its home-based care efforts

by supporting the NGOs in their efforts to train community members in how to support their family members who have fallen ill. On the clinical side, IMPACT/Nigeria's assistance will allow for more sensitization and training of health personnel.

South Africa

IMPACT and partners are contributing to vanguard approaches to home based care for adults and community-based care for AIDS orphans and other vulnerable children. These projects will contribute significantly to the development of optimal and affordable approaches to care.

SFPS

FHI conducted a situation analysis of care and support and VCT services in Burkina Faso, Cameroon, Cote d'Ivoire and Togo. The results of this analysis will be available early in FY01 Q3. These results will be used as a basis for the selection of care and support associations and PLWHA NGOs to be supported both technically and financially by FHI/IMPACT during FY01, 02 and 03. FHI also sponsored the attendance of a Cameroonian participant at the Sisters for Life conference on support to PLWHA, held in Geneva Switzerland in March 2001.

Tanzania

During the first six months of FY2001, IMPACT supported an assessment of care and support services in three districts in Tanzania. Based on the results, the Ministry of Health and USAID will develop strategies for strengthening health facilities and other entities to meet the growing need for care and support services in Tanzania.

Jordan

The MOH in Jordan is currently providing ARV drugs free of charge to sixteen Jordanian PLWHAs. Medical follow-up will continue to be provided through the public clinics. The counseling center staff is responsible for periodic follow-up of HIV positive clients (compliance with drug therapy and monitoring for adverse reactions/symptoms of opportunistic infections, compliance with medical care, laboratory monitoring, practice of disease control measures, need for home care, emotional support) and referral as needed.

FHI will provide the MOH with equipment that monitors CD4+T-cell counts for those clients receiving the ARVs through this program.

Orphans and Vulnerable Children (OVC)

Global

IMPACT completed the development of instruments and data collection for phase 1 (community/organizational level) and phase 2 (household level) for the evaluation activity related to the protection and well-being of orphans and other vulnerable children, using the Zambia SCOPE project as the pre-testing case. The development of the instrument for data

collection for phase 3 (Child Health and Well being) is underway. Data collection for this phase will be completed by September 2001.

In collaboration with Save the Children/USA and the Displaced Children's and Orphans' Fund, IMPACT identified partners and is in the process of completing a workplan for the program, "Catalyzing Community Ownership and Action for 'Front Line' Field Staff through Experienced-Based Learning – Africa Regional Training". The implementation of the program will be initiated in the next few weeks.

As the lead technical advisor on the monitoring and evaluation (M&E) chapter, FHI/IMPACT reviewed and contributed to the M&E chapter of the USAID OVC handbook.

IMPACT participated in several meetings involving key groups working on orphans and vulnerable children including: 1) Meeting to mobilize public support on behalf of children affected by the AIDS pandemic in southern Africa, organized by Save the Children USA in San Francisco in October 2000 and 2) Regional Workshop on Orphans and Vulnerable Children in Eastern & Southern Africa organized by UNICEF & USAID in Lusaka, Zambia in November 2000.

Namibia

Under the revised scope of work, FHI and USAID developed a strategy to implement an OVC program in Namibia. This strategy calls for a strengthened and enabled environment for OVC programming at the National Level, capacity building of local NGOs to provide support to OVC through community-based volunteers, and support of educational opportunities for Orphans and Vulnerable Children.

IMPACT, at the request of the MoHSS, Department of Social Welfare, is providing support to the *First National Conference on Orphans* in Namibia. This conference, organized by the MoHSS and jointly sponsored by FHI/IMPACT and UNICEF, will bring together about 200 Namibians from the public and private sector and civil society to address the growing problem of orphans in Namibia. The FHI Resident Advisor is a member of the Conference Steering Committee, which is tasked with the conference agenda, chairing of working groups and the production of conference proceedings. The conference will be held in May 2001. A Standing Committee on OVC will be elected during the conference and tasked with follow-up of the conference deliberations.

FHI is funding the *Legal Assistance Trust* to address human rights, legal support and advocacy for OVC, including training of community paralegals on benefits, inheritance rights and will writing.

FHI/IMPACT is presently working with *Catholic AIDS Action (CAA)* to support education opportunities for OVC and to improve the capacity of their community based volunteers to provide psychosocial support to the orphans in their community. An initial one-day training session, back to back to the OVC conference, has been scheduled for 20 CAA staff and volunteers. To date, 100 OVC have been placed in schools in the Khomas region of Namibia.

These OVC are receiving continued social support from CAA volunteers in their respective communities. It is anticipated that over 1,000 orphans will be supported through this program in the next school term.

FHI/IMPACT supported two Namibian Nationals to the *OVC conference* in Lusaka, a volunteer from the Omaheke Youth Forum to a USAID HIV/AIDS Toolkit workshop in Washington DC, and supported the Namibian on World AIDS Day by providing funds for a special insert in their weekender edition on home-based care. It is estimated that 60,000 Namibians read the Namibian each day.

Zambia

The IMPACT funded SCOPE OVC program has established district orphan and vulnerable children's committees in 7 districts. These committees are multi-sectoral and assist to coordinate a district wide approach to the OVC situation. In each district community mobilization activities have been the focus of SCOPE thus far and has resulted in the development of activities in 30 communities with an estimated 49,000 orphan and vulnerable children. SCOPE has assisted with the formation and strengthening of 30 Community Orphan and Vulnerable Children Committees (COVCCs) which are responsible for coordinating community activities, identifying priorities and mobilizing resources internal and external to the community. To date SCOPE has disbursed seven grants to community organizations to carry out a variety of activities to benefit orphan and vulnerable children.

Cambodia

FHI/IMPACT Cambodia supported formative research to assess the vulnerability of street children in Phnom Penh. Additional research is planned on grief and counseling needs of children affected by HIV/AIDS. Results will be used to develop interventions.

Haiti

An orphans and vulnerable children situational analysis was conducted and the results were presented to partners and other institutions engaged in work with children in difficult circumstances. A sub-agreement was developed with CARE for assistance to vulnerable children in families affected by HIV/AIDS. The first activity—an action-research activity aimed at better defining the involvement of communities in the program—was conducted. FHI/IMPACT and a consultant is currently providing technical assistance to another institution which cares for children affected by HIV/AIDS, la Maison Arc-en-Ciel, in the development of a community-based project to assist vulnerable children and their families.



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Country Summaries

Global

Behavior Change Communication/ Interventions: Capacity Building

During the reporting period, IMPACT created and is in the process of staffing up a Behavior Change Communication unit to better meet the needs of country program activities. This includes an Associate Director for BCC and an additional Technical Officer along with the PATH Senior Technical Officer. IMPACT is also making better use of the partners with increased utilization of PATH in Africa and in Asia. IMPACT has been working with a wide range of partners in the key countries of Nigeria, Kenya to develop innovative communication strategies that are focused at the community level and create a synergy between mass media and interpersonal media. Formative assessment tools are being piloted. In addition, IMPACT has drafted a BCC strategy to be vetted by BCC expertise in the project and internationally and is working on tools for Uniformed Services and for materials development. A BCC course is being planned for staff, consultants and key partners in country.

Care and Support: Project Design and Development

The number of Care and Support activities have expanded throughout the reporting period. IMPACT developed HIV/AIDS care and support assessment instruments including HIV voluntary counseling and testing, clinical management of HIV/AIDS/STI, TB management, and community home-based care. These tools were field tested in Tanzania, Nigeria, Cameroon, Côte d'Ivoire, Burkina Faso, and Togo. Using feedback from the field-testing, these tools are undergoing revision before finalization and dissemination.

IMPACT supported care and support assessments in Cameroon, Togo, Burkina Faso, Côte d'Ivoire, and Nigeria using the tools above. Information from the assessments is being used to design and implement programs aimed at improving HIV/AIDS care and support for PLWHAs and PABA. More specifically, this information is being used to increase the number of people requesting HIV test and receiving results, and to increase the number of districts with VCT services. The quality of pre- and post-test counseling will be improved. Medical personnel will also have increased capacity to manage HIV-related conditions. Through the use of this information, health facilities will have an improved capacity to deliver appropriate care to HIV-infected persons.

Africa

Benin

In early FY2000, the USAID/Benin Mission contacted FHI/IMPACT to request technical assistance in planning and implementing a national behavioral surveillance survey (BSS). The BSS will serve as a foundation for a surveillance system to measure and track changes in behavior related to infection and transmission of HIV/AIDS in groups at high risk in the Beninois population, including sex workers, truck drivers, male and female students, and other at-risk youth. The first objective of this first round BSS in Benin is to identify and define the characteristics of groups at high risk of HIV/AIDS infection, and gather information on their location. Another objective is to map and identify points of access for members of the target groups to serve as a national sampling base. A third objective is to identify indicators of behaviors liable to influence HIV-related risk. Finally, the first round of BSS seeks to provide estimates of these indicators for the target groups whose behaviors put them at risk for HIV infection.

During an initial planning visit in March 2001, an initial budget and workplan were prepared and submitted to the mission. Over the next six months, FHI will provide additional technical assistance to build the capacity of the implementing agency, CEFORP, in implementing BSS, finalize the survey protocol, review questionnaires, and train interviewers and data collection team leaders. Collection of qualitative and quantitative data for the BSS is expected to begin in June 2001.

Eritrea

Based on an in-country assessment in December 2000, a one-year detailed plan of action was designed to further elaborate the IMPACT strategy developed earlier in the year. The goal of the IMPACT program in Eritrea is to strengthen the capacity of the Ministry of Health/NACP to prevent, control and mitigate the impact of the HIV/AIDS epidemic in the country. This is being achieved through partnership with the Ministry of Health and in collaboration with other agencies/organizations carrying out HIV/AIDS activities in the country. The Financial Year 2001 commitment for IMPACT is \$500,000, with an additional \$1.2 million expected.

During this reporting period, IMPACT continued to recruit a Resident Advisor, after the candidate identified for the position declined to take the position. In the interim, a temporary Resident Advisor has been placed in-country as recruitment continues. The interim Resident Advisor has provided technical assistance to the NACP on its peer education approach, VCT counseling strategy, and care and support program.

In the next six months, progress will continue on the training of qualified counselors for VCT services through Training of Trainers (TOT) and a training of counseling supervisors.

Following formative research conducted during the reporting period, a workshop will be held to design a broad, countrywide communication strategy, as well as materials for various targeted high-risk groups. Study tours for several key stakeholders will take place in the next six months -- top ministry officials on the need for a conducive policy environment and government support of HIV/AIDS program, religious leaders on comprehensive care and support; key stakeholders on effective behavior change communication programs, and key stakeholders on holistic prevention and care programs; and the head of the National AIDS Control Programme on STIs.

Ethiopia

The IMPACT/Ethiopia portfolio includes \$120,000 in field support from USAID/Ethiopia and \$500,000 in LIFE Initiative funds from the Centers for Disease Control (CDC). IMPACT's activities during 1999-2000 focused on exploring the possibility of working with the ministry of education and providing technical assistance in the area of voluntary counseling and testing (VCT).

During the first six months of FY2001, IMPACT worked with USAID and CDC to reach agreement on IMPACT priorities for the CDC Life funds and USAID's future funding since USAID/Ethiopia wanted to expand its support to HIV/AIDS activities. In late February, IMPACT conducted an initial assessment that proposed a strategy for expanded HIV/AIDS activities in Ethiopia. Based on this assessment, IMPACT will focus its efforts on strengthening local institutions, targeted behavior change interventions, expanded behavior change communication, improved care and support activities, especially for vulnerable children, and improved monitoring, evaluation and surveillance. IMPACT began preparations for implementation of a behavioral surveillance survey (BSS). A local implementing agency was selected and the sampling completed with technical assistance from IMPACT.

In the next six months, a team of management and technical experts will conduct a design trip to Ethiopia to develop a detailed workplan and budget for the anticipated funding from USAID/Ethiopia. IMPACT will also continue implementation of the BSS and expects to begin training and data collection in May.

Ghana

USAID/Ghana committed \$2,975,000 in field support funds to the IMPACT project beginning July 1998. USAID/Ghana has requested IMPACT's assistance to strengthen the Ghana National AIDS/STD Control Program (NACP), build a national quality assurance program within the public health laboratory system, implement behavior change interventions for Ghana uniformed services, and strengthen the capacity of NGOs to deliver HIV/AIDS information and services.

During the reporting period, IMPACT/Ghana's uniformed services program was broadened to include the Ghana Prisons Service, and an expanded, follow-on program with the Ghana Police Service was also initiated. Activities with NGOs were expanded through new sub-agreements with the Ghana Girl Guides Association, the Queenmother's Association of Manya Krobo, the Presbyterian Church of Ghana, the Church of Pentecost, the Civil Military Alliance to Combat HIV and AIDS, and the Private Enterprise Foundation (PEF). Another NGO partner with whom IMPACT is developing a program is the Muslim Youth Association of Ghana (a peer education program for out-of-school groups in a low socio-economic community in Accra). Five existing sub-agreements were extended.

Scheduling conflicts for training led to delays in the implementation of programs in certain regions. This in turn held back other planned activities. Development and execution of sub-agreements took longer than anticipated. The capacity of Implementing Partners poses a problem as most of them have other responsibilities, thus slowing further the pace of implementation of activities.

During the next reporting period, IMPACT/Ghana will finalize and disseminate reports on the Behavior Surveillance Survey and PI 6&7 studies, assist the NACP in the training of medical assistants in STI syndromic management and revising the national STI reporting system to incorporate syndromic management, hold a meeting of stakeholders to review and finalize draft HIV/VCT guidelines, assist the PEF to initiate an STI/HIV/AIDS workplace intervention, develop additional elements of the comprehensive package of tools for the uniformed services, provide technical assistance for the Ghana Police Service in initiating integrated HIV VCT services, and support continued behavior change and communication activities by grassroots NGOs, especially those working with youth and women in high prevalence areas. IMPACT/Ghana will also institute a rapid response fund to enable implementing partners to access funding quickly to carry out specific HIV/AIDS prevention activities among priority groups and communities.

Guinea

FHI/IMPACT was requested by the USAID Mission in Guinea in March 2001 to assist the national HIV/AIDS program of Guinea to plan and conduct an HIV/AIDS sero-prevalence study. Target groups will include pregnant women, military personnel, sex workers, miners, and transporters.

Starting in June 2001, FHI will provide technical assistance to the technical committee in Guinea responsible for overseeing the planning and implementation of the study to review and revise if necessary the HIV/AIDS sero-prevalence protocol. A workplan, timetable and budget will also be developed over this period. Under a subcontract with STAT-VIEW, a research organization in Guinea, FHI will assist in recruiting and training interviewers and supervisors, pre-test the survey instrument, supervise the field work, oversee data entry and data cleaning, analyze data, and prepare a written report of the study results. Assistance will

also be provided for the diffusion of results from the sero-prevalence study at a national dissemination workshop.

FHI/IMPACT and USAID/Guinea have also begun discussing FHI involvement in strengthening the national HIV/AIDS monitoring and evaluation system and the MOH surveillance system.

Kenya

USAID/Kenya has committed \$5 million in field support funds to IMPACT beginning in April 1999. In addition, \$1,750,000 of IMPACT LIFE Initiative, \$1.5 million in CDC LIFE Initiative and \$200,000 in DCOF funds have been committed to the USAID/Kenya country program of IMPACT. These funds have been utilized to carry out a comprehensive HIV and AIDS program in 10 focus sites in three geographic areas of concentration -- Western Province, Rift Valley Province and Coast Province. The programs include targeted communication, condom and STI interventions with "high risk" or "high frequency transmitter" groups which has the greatest potential for achieving epidemiological impact; and care and support activities have been added to reinforce the HIV prevention message as well as to address some of the needs of PLWHAs.

During the reporting period, major programmatic additions have been made to the on-going programs. Voluntary counseling and testing (VCT) has been initiated in Coast Province and preparations were made in the other two provinces for setting up VCT centers. A Center of Excellence for VCT was established at the Kenyatta National Hospital in Nairobi with additional funds received from the Government of Japan. A VCT technical officer was recruited to lead this initiative and it is planned by the end of the next semester that up to 15 VCT centers will be functioning in the three geographic focus areas, supported by a comprehensive communication strategy.

Prevention activities expanded in all sites to include peer education and condom promotion activities in the community, workplaces, and among high risk groups, (e.g. commercial sex workers and in-school and out-of-school). During the period, an HIV and AIDS curriculum in 100 upper primary schools in the Rift Valley was initiated and will be expanded to more schools in the next reporting period. Two mother-to-child prevention centers in ante-natal/maternity wards of hospitals were established and nevirapine is given to positive mothers and their infants at delivery.

New care and support activities over the period include the funding of two home based care projects that include OVC components, and the setting up of a micro-finance project with vulnerable women's groups. These are new initiatives and will be studied over the next semester to ascertain their effectiveness in meeting the needs of PLWHAs. With tuberculosis being one of the primary opportunistic infections associated with HIV and AIDS, IMPACT has provided assistance in the re-establishment of the National TB Reference Laboratory,

which had fallen into disuse. IMPACT also undertook a study on the perception of TB among doctors and clients in order to develop an appropriate communication strategy.

Plans for the next six months and beyond were charted at a strategic planning workshop held during the period and attended by FHI, USAID, CDC, and government representatives. Activities planned for the near term include the airing of a radio soap opera focusing on HIV and AIDS prevention messages to reinforce behavior change, the launching of a communication strategy to promote VCT, the launching of a TB communication strategy, the undertaking of a national behavioral surveillance survey (BSS), and the inclusion of other high risk groups into the prevention programs in the focus areas, namely truck drivers and police.

Madagascar

USAID/ Madagascar committed a total of \$480,000 in field support funding to IMPACT beginning in September 1997. IMPACT, in partnership with HORIZONS and FHI/ NC, is collaborating with public and private sector partners and non-governmental organizations to conduct intervention-linked research . The goal of this research is to improve services for female sex workers in Madagascar in order to reduce the transmission of sexually transmitted infections (STIs) and to prevent the spread of HIV.

During this reporting period, operations research activities took place as planned and a peer education outreach project with sex workers continues to progress well. In addition, FIVMATA, an association of female sex workers, developed a brochure for SWs promoting preventive and curative services. FIVMATA also published its third comic book, written in the local dialect, for SWs that describes condom negotiation skills for use with clients. An innovative component of this project has been the formation of a management committee, made up of STI service providers and representatives of the sex worker population, to oversee STI services for sex workers.

In the next six months, FHI IMPACT will host two workshops in Antananarivo. The first workshop will focus on technical issues and participants will interpret findings from operations research studies conducted in Antananarivo, Tamatave and Diego. The second workshop will serve to disseminate STI prevention and care strategies for female sex workers. Participants will review national STI prevention and care recommendations for sex workers in Madagascar.

USAID has committed an additional \$50,000 in field support funds to extend Diego project activities for the next several months. If additional funds are not secured, the research coordinator will intensify efforts with FIVMATA to build their management capacity and ensure an orderly transfer and close out of the project.

Malawi

In FY1999, USAID/Malawi committed \$1 million in field support funds to IMPACT to support a BCC technical advisor to support the National AIDS Control Program (NACP). The role of the advisor is to strengthen government and non-government sector capacity, to build the human resource capacity and to assist the NACP to develop and implement a BCC strategy. The advisor works collaboratively full time at the NACP with the BCC Unit members. IMPACT/ Malawi also received \$500,000 in CDC/LIFE funds for FY2000 for prevention activities.

The central activity of the last six months was a workshop to guide development of the National HIV/AIDS BCC strategy. Thirty members of the BCC Technical Working Group (TWG) met to draft a plan of action towards achievement of a comprehensive design of the National HIV/AIDS BCC strategy. Shortly after the workshop a decision was made to amalgamate the HIV/AIDS and the Sexual Reproductive Health (SRH) BCC strategies, having a dramatic impact on the process and the content of the strategy. It created a closer working relationship between key people at the Ministry of Health Reproductive Health Unit (RHU) and the BCC unit. The development of the strategy included a literature review of both behavioral research and BCC programs and the completion of a document entitled *“Accomplishments up-date for the development of the HIV/AIDS/RHU BCC Strategy.”*

FHI provided assistance for the development of the new strategy, and for implementing three meetings, one in each region, to vet the new strategy. The objectives of the meetings were to: provide an up-date on the BCC strategy; to present the new BC workplan; present and discuss BC programs, research and IEC materials; and identify gaps and challenges on BCC.

FHI provided technical assistance at an intensive 3-day participatory process of developing an annual BCC Unit Work plan. The main components of this workplan are: organizational development/structure of the BCC Unit; information resource and distribution center; world AIDS Campaign/National Youth Festival; targeted IEC packages; leader communication campaign; mass media programs; and comprehensive design of the National HIV/AIDS/SRH BCC Strategy.

The BCC Unit hired a new coordinator, Roy Hauya, during this period. The IMPACT/Malawi BCC advisor, being the counterpart of the coordinator, conducted an orientation for the new coordinator. The purpose was to give the coordinator a view of what are the responsibilities of the Unit, what they are currently working on, and the advisor's vision of the future.

Additional activities conducted by the BCC Unit, with support from the BCC advisor included: working with CIDA in developing HIV/AIDS messages for primary school subject books. these messages will be on the second page of each of 9 million books, covering 28 subjects and for the next three years; planning and implementation of Malawi's commemoration of World AIDS Day on December 2, 2000; visits to the Districts AIDS Coordinating Committee, Women Against AIDS organization and an orphan care community project in Mangochi District, and with Umoyo Network, PSI, Story Workshop and the Safe

Motherhood project to discuss common issues and possible areas of collaboration; and collaborating with Umoyo Network in the development and distribution of IEC materials aimed at the general public and at clients of health services. IMPACT/Malawi has also assisted the BCC Unit by supporting improvements in the physical site, procuring equipment and supplies for the Unit and providing funds for office facility upgrade, including security.

FHI/HQ visited Malawi from 26th February to 10th March, 2001. The visit served three purposes: 1) to develop a strategy for programming \$500,000 of CDC/LIFE money aimed at prevention activities; 2) to discuss possible support for an HIV/AIDS program for the MOA; and 3) assess the feasibility of implementing activities with the African Virtual University (AVU), through the University of Mzuzu.

The CDC/LIFE funds are supposed to be used to implement prevention strategies, possibly targeted at itinerant peddlers, or other similar workers, PLWAs, and youth. The visit identified the Napolo Breweries to work with their retail distributors, the bottle shops and clubs. FHI anticipates giving a grant to Napolo through Umoyo Network.

Based on preliminary discussions with the Ministry of Agriculture (MOA) and the USAID/Ag office IMPACT/HQ is planning a follow-up visit designed to further develop the concepts for a comprehensive HIV/AIDS strategy for the Ministry of Agriculture.

The final piece of the visit was to continue discussions related to implementing activities with the AVU. These activities would likely target teachers who would take the lessons into their classrooms. These discussions are continuing.

Namibia

In September 2000, USAID obligated an initial amount of \$1.25 million to IMPACT for a revised scope of work to cover the first 18 months of implementation of HIV/AIDS activities, including a program for orphans and vulnerable children.

IMPACT placed a Resident Advisor in Windhoek in late September 2000 to manage the IMPACT project office and oversee implementation of the revised program. Since the negotiations with the Government of Namibia on the nature of the bilateral agreement were not resolved, the implementation of the Coastal Area Prevention Program in Erongo was cancelled in December 2000. Subsequently, USAID/Namibia invited a design team in February 2001 to redesign the proposed USAID/Namibia Program under its revised Special Objective: To mitigate the impact of HIV/AIDS in targeted geographic areas of Namibia. At the present the revised strategic document has been presented to the Government of Namibia and negotiations continue on the bilateral agreement.

Under the revised USAID/Namibia HIV/AIDS strategy, which targets youth and the labor force, FHI/IMPACT is providing resources and technical assistance to a number of AIDS

service organizations to improve their capacity to implement HIV/AIDS prevention programs in the workplace, schools and the larger community.

Under the revised strategic plan, FHI/IMPACT will provide support to a local research organization to carry out Economic Impact studies in four municipalities in the targeted regions, in addition to a behavioral surveillance survey.

Nigeria

IMPACT/Nigeria has to date received a total of \$7,395,000 in field support from USAID/Nigeria, and expects to receive an additional \$11 to \$12 million dollars over the next two years.

During this reporting period IMPACT/Nigeria has concentrated the bulk of its efforts toward a complete refocus of its program. Prior to this period IMPACT/Nigeria's focus had been largely defined by the de-certification of the Nigerian Government, and was centered around a series of small NGO subagreements scattered throughout the country. As Nigeria opened up USAID/Nigeria and IMPACT/Nigeria agreed that it would be more productive for IMPACT/Nigeria to concentrate its efforts in defined geographic areas. Based on this decision, in September 2000 IMPACT/Nigeria conducted a desk assessment to identify states for possible intervention. In October/November IMPACT/Nigeria used the desk assessment results and identified five states to conduct rapid assessments to look into the feasibility of implementing activities in these states. Through the rapid assessment IMPACT decided on four states, Anambra, Kano, Lagos and Taraba, and in February 2001 conducted in-depth assessments to provide further information for programming of activities in these four states. In April 2001 IMPACT/Nigeria will conduct strategic planning/subagreement development workshops in Anambra and Kano. A strategic plan will be developed for IMPACT/Nigeria's support to each state and sub-agreements will be developed with nine NGOs in each state. The activities to be implemented include advocacy and sensitization, prevention, and care and support, and the organizations include faith-based, clinic-based and community-based organizations.

In addition to the state efforts, IMPACT/Nigeria continues to support national efforts in certain areas. IMPACT/Nigeria has been working with the Government of Nigeria to update STI syndromic management algorithms. All have been completed except for the vaginal discharge algorithm, which will be confirmed through a validation study over the next several months. A protocol for this study is being developed. Two sub-agreements have now been completed with the Nigerian Armed Forces and Nigerian Police Force. The Armed Forces have begun implementing their activities and the police are expected to begin implementation within the next several weeks. The national music competition was capped off with a national final in Lagos in January 2001. The winning entries will be used in AIDS campaigns throughout Nigeria. Finally, IMPACT/Nigeria has completed the analysis of the first round of BSS in Nigeria. The survey was carried out among three sub-populations at a total of eight sites. IMPACT/NIGERIA worked with a local firm, Zeniten, to complete the data analysis.

The BSS will provide: data to help guide programming, information on behavioral trends of key target groups in some of the areas where IMPACT is operating, and evidence of relative success of the combination of HIV prevention efforts taking place in selected sites.

Over the next several months, IMPACT/Nigeria will implement strategic planning/subagreement development workshops in Anambra and Kano states (April), and Lagos and Taraba states (May), and begin implementation of the new activities. IMPACT/Nigeria's support to the state activities will include a series of training sessions on project management and various HIV/AIDS technical skills. IMPACT/Nigeria will complete the STI algorithms and train providers. The Nigerian Medical Association has expressed interest and may be a partner in this process. Two additional areas IMPACT/Nigeria intends to expand are workplace programs and orphan and vulnerable children. Assessments in these areas will help lead program development.

REDSO/ESA

USAID/REDSO/ESA obligated a total of \$675,000 in FY1999 and FY2000. The mission delayed implementation of activities until this fiscal year.

Since the beginning of FY2001, IMPACT has worked closely with USAID/REDSO/ESA to design a workplan to best meet the needs of the region and USAID/REDSO's mandate. IMPACT executed an agreement with the Regional Centre for Quality of Health Care to support a regional HIV/AIDS advisor for the Centre. An IMPACT Program Officer participated in the USAID/REDSO Partners meeting that explored collaboration with REDSO's African partners and offered a greater understanding of REDSO's strategic plan. IMPACT is currently developing a proposal for regional activities based on the Partners meeting. The focus areas include working with the military, faith-based organizations, low-prevalence countries, and voluntary counseling and testing.

During the next six months, IMPACT will finalize the proposal and will begin to implement the agreed upon workplan. IMPACT's technical experts will continue to provide assistance to the HIV/AIDS advisor at the Regional Center.

Rwanda

Since 1998, USAID/Rwanda has provided almost \$4 million in bilateral and field support funds to IMPACT/Rwanda. During the first two-year period, IMPACT's assistance was focused on building public sector capacity in HIV/AIDS/STI programming in four of Rwanda's Health Regions (Gitarama, Kigali, Kibungo, and Byumba). Starting in 2000, the IMPACT program expanded its portfolio to include supporting behavioral surveillance and decentralized voluntary HIV counseling and testing (VCT) services. In addition, the Centers for Disease Control and Prevention (CDC), through USAID, provided IMPACT-Rwanda

with an additional \$650,000 in LIFE initiative funds to expand programming to the Health Region of Kibuye.

Emerging from its youth project with *Jeunesses Ouvriers Critiens* (JOC), an entity of the Kigali Catholic Diocese, IMPACT and the United Nations Development Fund (UNDP) co-hosted an advocacy conference at the request of the Archbishop of Kigali. The conference brought together some 60 priests, nuns and lay employees/representatives of the Kigali Diocese to discuss the urgent need for more involvement on the part of the Catholic church in the prevention of HIV/AIDS and care and support for persons living with HIV/AIDS. Recommendations were made for action on the part of churches, health facilities, schools and other structures. The Diocese committed to developing an overarching strategic plan of action and a central coordination body. Following the conference, IMPACT provided technical assistance to the Diocese's HIV/AIDS working group in developing a draft strategic plan. In addition, the conference sparked several church structures to develop concrete project ideas, several of which, including the Bilyogo Health Center's VCT service, have been or are being developed into subprojects for funding by IMPACT.

Using the CDC funds, IMPACT planned and began supporting HIV/AIDS activities in Kibuye. Due to the rural nature of the region and the high demand for frequent technical assistance, the Regional Medical Director (MEDIRESA) and IMPACT determined the need for a presence in the region. Although it did take some time for the government of Rwanda to provide approvals for IMPACT to move into Kibuye, all administrative and political barriers were overcome, and IMPACT will open its satellite office in Kibuye on May 1, staffed by a program officer and a program assistant. Two VCT projects, with the Kibuye and Murunda District Hospitals, were developed and launched during this reporting period. In addition, IMPACT worked with the Regional Medical Office to draw up a plan for overall technical assistance, management and equipment support to improve facilities and STI/HIV/AIDS services throughout the region. During the next reporting period, IMPACT will provide training in syndromic case management of STIs to health care providers and in STI/HIV IEC activities at health centers for social workers. IMPACT will assist the Health Region in developing checklists and systems for supervising STI service delivery and IEC sessions. IMPACT will also work with the Catholic Diocese to develop a youth peer education project for Kibuye Province.

In the next six months, IMPACT will continue to place major emphasis on voluntary counseling and testing. The project expects to develop and support approximately six more sites for a total of up to 20 VCT sites. At as many sites as possible, IMPACT will also expand the comprehensive nature of the VCT sites by adding a program of TB prophylaxis and prevention of other opportunistic infections for people who are HIV positive and develop links with prevention of mother to child transmission of HIV interventions. IMPACT-Rwanda will also continue to develop community-based interventions aimed particularly at youth. As funding permits, female sex workers may also be added as a special target group.

South Africa

In FY 1999, USAID/South Africa committed \$750,000 in field support funds to IMPACT for a periodic presumptive treatment intervention in the mining communities of Carletonville and Lesedi, and \$750,000 in funds for children affected by AIDS to support a care and support project of orphans and vulnerable children in Soweto.

In October, 2000, the home-based care kit project with the University of Pretoria's Centre for the Study of AIDS began and will result in model, affordable kits for people with HIV/AIDS or terminal illnesses. The kits will assist caregivers in providing palliative care in the home, and will be linked with existing clinical and home care activities. During the report period the kits were being field tested.

HOPE Worldwide's Siywela project continued to provide support for orphans and vulnerable children in Soweto. Some of the activities that have been completed during the report period include the following: Development of VCT promotional and educational materials; Establishment of a partnership/referral databases; establishment of a resource center; training in VCT, nutrition and MTCT, development of a network of supportive/alternative foster families.

IMPACT continued to provide funding and technical assistance in collaboration with the South African Institute of Medical Research (SAIMR) to implement a periodic presumptive treatment project with women at high risk in Carletonville and Lesedi. At the instruction of USAID, IMPACT amended the agreement to add diagnostics for STD and HIV.

IMPACT had planned to provide technical assistance for the Gauteng Province BSS. However delays in the implementation of the BSS have led to postponements and the diminishing role of IMPACT in South Africa has created the possibility of canceling this assistance.

In addition, IMPACT was informed that there will be no field support from USAID/Pretoria from FY01. The SAIMR and Siywela projects will be supported either directly by the mission or through other mechanisms.

Southern Africa Regional Program (SARP)

Along with AIDSMARK and the POLICY Project, IMPACT is managing Africa Bureau funds for interventions, technical and dissemination in what FHI refers to as the Southern Africa Regional Program (SARP). This program was conceived in late 1998, at a meeting of PHN officers from a number of countries in the sub-region. In 1999 and 2000, IMPACT managed subagreements for rapid assessments of the risk environment in busy cross-border towns in Zambia, Zimbabwe, South Africa, Lesotho, and Swaziland. Building on the results of the assessments, IMPACT, in the first half of FY01, has awarded subagreements for

intervention programs to (1) World Vision in Chirundu, Zambia; (2) Center for Positive Care in Messina, South Africa; (3) CARE in Lesotho. A fourth project was being developed with Project HOPE in Mulanje, Malawi but had not yet been awarded at the end of the report period. Each of these intervention programs share a focus on some of the highest risk individuals in the sub-region: mobile male populations and sex workers who intersect in high-turnover trade towns at international border crossings. Although the major programmatic emphasis is basic prevention services, increasingly care and support will be integrated to reflect the disease burden of the advancing epidemic.

IMPACT also awarded subagreements in support of a regional capacity building workshop for evaluation of cross-border interventions. This was jointly sponsored with the POLICY Project and implemented by the Project Support Group and consultants.

Finally, in early 2001, IMPACT awarded a grant to Limelight, a South African company, to design and manage a website to facilitate dissemination and exchange of information on the regional program.

IMPACT, with CDC LIFE FY2000 funds, has initiated a behavioral surveillance surveys in Lesotho and Swaziland. These surveys will provide important baseline information to inform intervention programs and assist national program in evaluating trends in the face of a mounting epidemic threat.

An concise, standardized evaluation system, with measures of outputs and outcomes at the project level, has been designed and will be implemented in the coming two quarters.

Through the report period, IMPACT had received a total of \$1 million. An additional \$1.3 million is anticipated from FY '01 budget for continuation and expansion. To maximize responsiveness, USAID has authorized IMPACT to recruit a field-based project coordinator for SARP.

Tanzania

USAID/Tanzania committed \$200,000 to IMPACT in FY2000. The scope of activities included care and support with a focus on orphans and vulnerable children (OVC) and voluntary counseling and testing (VCT).

Beginning in September 2000, IMPACT developed an assessment tool for an assessment of care and support activities in three districts in Tanzania. Based upon this assessment, IMPACT drafted an outline for a strategic framework for HIV care in Tanzania and presented recommendations for support of community-based care to assist the mission in its planning.

The data from the care and support assessment will be analyzed in the coming period. A dissemination workshop of the assessment findings for key stakeholders is scheduled for May

2001. The two remaining activities (OVC and VCT) are currently on hold until further guidance from the mission.

West Africa/FHA

In support to the HIV/AIDS epidemic, FHA/USAID committed \$1,175,000 in field support of funds to the IMPACT West Africa Program beginning in October 2000. In addition the program received \$600,000 in LIFE funds from CDC in FY01 and \$200,000 in CAA funds that were committed in 1999.

FHA/USAID invited FHI to team up with its regional health program, Santé Familiale et Prévention du Sida (SFPS) a project that has been active in West and Central Africa since 1995 in the area of reproductive health. Until recently, the countries where SFPS works were Burkina-Faso, Cameroon, Cote d'Ivoire and Togo. Since the initiation of the West Africa Regional Program (WARP), the SFPS mandate has been expanded to cover the 17 countries of ECOWAS plus Chad and Cameroon. Until FHI's arrival SFPS was made up of four cooperating agencies: JHU/CCP focusing on behavior change communication, PSI focusing on social marketing, JHPIEGO focusing on service delivery and Tulane University focusing on operations research. FHI/IMPACT is now providing technical expertise and guidance in the area of HIV/AIDS beginning in FY01 and thus is now the fifth cooperating agency of the SFPS project. As part of its mandate FHI/IMPACT will conduct activities aimed at improving access to STI, Voluntary Counseling and Testing and HIV/AIDS-related services in the public and private sectors, increasing quality of care and support for people living with and affected by AIDS and enhancing behavioral surveillance.

Over the reporting period, a number of significant accomplishments were made contributing to overall program implementation. The FHI Cote d'Ivoire office was established and staffed with two technical officers, a director of finance and administration, one program officer, and support personnel. A subagreement with Cameroon Health program (CHP) was developed and a subagreement with Medecins du Monde was revised and amended. A situation analysis in Burkina Faso, Togo, Cameroon and Cote d'Ivoire, in the areas of care and support, VCT and STI services was conducted. A strategic planning process for intervention implementation using these situation analysis results was developed as well. Another situation analysis of HIV/AIDS services in the Togo Armed Forces was also completed.

The pace of activities planned by FHI/Impact West Africa Program was slowed down considerably by civil unrest occurring between September 2000 and January 2001 (two civil insurrections, three coup d'état attempts and three elections with associated violence). Since February, 2001 the political situation appears to have stabilized. In addition, USAID has implemented the West Africa Regional Program (WARP) which has led to a redesign ("Project modification activity") of the Family Health and AIDS Project. This has meant that FHI has spent considerable time participating in USAID visits and exercises as well as the modifying the original three-year workplan (FY01-03) designed by the project at the end of FY00.

In the next six months, IMPACT will finalize two manuals for use in VCT services (VCT counseling manual and trainers guide). Meetings to orient national programs in the development of national VCT guidelines and a meeting on innovative care and support strategies will be conducted during the remainder of the FY. Subagreements with care and support partner organizations will also be developed. A strategic planning meeting for the FHA project on HIV/AIDS interventions is scheduled for FY02-03. At least one VCT center of excellence will be identified and a technical support plan for assistance to this center will be developed. Subagreements for BSS will be developed and implemented in Cameroon, Cote d'Ivoire and Burkina Faso. Finally, a situation analysis of workplace interventions will be conducted in selected West African countries.

Please note that these activities may be modified and/or other activities added depending on the outcome of the USAID project modification activity currently being carried out with the Family Health and AIDS Prevention Project.

Zambia

Through FY 2001, USAID/Zambia has committed \$375,000 in field support and \$1.5 million in field support specific for orphan and vulnerable children (OVC). IMPACT/Zambia has received a further \$150,000 in CDC/LIFE funds and an additional \$1 million in supplemental monies from USAID's Displaced Children and Orphans Fund (DCOF).

The funds have been used to support World Vision International/Zambia (WVI) to implement a program targeting highly mobile high risk populations in urban areas. The Tropical Disease Research Centre (TDRC) was commissioned to implement a behavioural and biological surveillance survey (bio-BSS) to help measure the impact of these programs. TDRC, with assistance from the Institute for Tropical Medicine (ITM) in Brussels, conducted the bio-BSS in Chipata, Chirundu and Livingston and completed the data analysis. To date two publications, one on commercial sex workers and one on long distance drivers have been produced. A final draft report of the bio-BSS has also been completed and the final publication is expected in the near future. In addition, IMPACT is managing funds for the SCOPE Program for orphans and vulnerable children (OVC), which is implemented by CARE and Family Health Trust (FHT). IMPACT recruited a part-time resident coordinator to help manage activities in country and improve the responsiveness and relevance of IMPACT activities in Zambia. As the workload for IMPACT/Zambia is increasing FHI anticipates there will be a need to upgrade the resident coordinator to full-time status, and to open an office. IMPACT/Zambia is currently being run out of the resident coordinator's residence.

During the reporting period, IMPACT/Zambia concluded its initial phase of support to WVI in five sites, Chipata, Chirundu, Kapiri-Mposhi, Kasembalesa, and Livingston. JICA was to assume funding responsibility for the continuation of some of these activities, however, JICA has not been able to provide the anticipated support so IMPACT will continue to support WVI in Chirundu, Chipata and is adding one site, Nakonde during FY01.

The SCOPE OVC Project continued to support district committees and baseline OVC evaluation work. There has been a slower than desired disbursement of community subagreements. Mobilising communities has been a time consuming. Proposals from the communities are starting to come in at a faster pace and the disbursement process is now expected to speed up considerably.

IMPACT/HQ has worked intensively with SCOPE on developing a data collection process and data collection tools for assessing orphans and vulnerable children and household issues related to the care and support of OVC. This will be used throughout the rest of the life of the project, but will also be used as a model for evaluation of OVC programs in other countries.

Asia & Near East

ANE

The Regional Program funded by the Asia Near East Bureau continued to operationalize and implement USAID's ANE Strategic Objective 29 during the period October 1, 2000 – March 31, 2001. The two main areas of focus are strengthening surveillance systems for infectious diseases and improving capacity of ANE countries to respond to HIV/AIDS.

During the reporting period significant progress was made according to the workplan. In the area of surveillance upgrading, Laos, Cambodia and Vietnam benefited greatly. In Cambodia data collection and field work took place for both HSS 2000 and the second STD prevalence survey for the country. ARO is providing partial funding and technical assistance for these surveys. In Lao PDR, data collection for the first national BSS was completed and data analysis was nearly finished. An FHI consultant has been placed in Laos to build the capacity of the NCCA to conduct data analysis. The first national STD prevalence survey among high risk groups in major provinces began with support from a full-time FHI surveillance technical advisor. It is expected that field work will be completed in early April. Preparations were made to conduct the first national BSS in Vietnam.

For interventions with a mobile population, the end of the regional BAHAP Project in October 2000 signified a period of program review, evaluation and lessons learned. This resulted in a more comprehensive approach developed with the new projects in Koh Kong, Rayong-Prey Veng and in Poi Pet, Cambodia. New cross-border activities will include both prevention and care for PLHAs as the epidemic becomes generalized, and where possible will link interventions between source communities, transit points and at destinations.

To better understand the situation and needs of IDUs in Thailand and Nepal, assessments have been conducted. Both assessment reports are being reviewed and finalized. The recommendations from the assessments will be used for future strategic planning for intervention in the two countries.

In the area of human rights, the regional program has worked with PLHA organizations in India, Cambodia and Thailand and regional organizations to promote access to OI treatment, creating a positive image and active role for PLHAs in HIV/AIDS work.

Bangladesh

Prior to mid 2000, FHI/IMPACT only provided support in Bangladesh on an ad-hoc basis. However, during FY 2000, a major up-grade of FHI/IMPACT's role occurred with the addition of \$ 1.2 million in field support. This was to provide more direct technical support and direction to the HIV component of USAID's bilateral program. A provisional FHI/Impact

Bangladesh office was set up in Dhaka and a Resident Advisor was hired on a short-term contract for the period August to November to coordinate start-up. In addition, a program coordinator and an administrative assistant were hired. In the period October 2000/March 2001, the newly established office was further consolidated. A new Resident Advisor was locally recruited to replace the outgoing short-term Resident Advisor and essential office equipment was put in place. Furthermore, all staff received training on the FHI/IMPACT rules and regulations.

The objective of the FHI/IMPACT Bangladesh country program is to assist the nation with strengthening its response to HIV/AIDS. More specifically FHI/IMPACT provides support to the Social Marketing Company and the Urban Family Health Partnership, both USAID-supported implementing agencies. Furthermore, support is being provided to the third round of the national Behavioral Surveillance Survey; Bandhu, an NGO for MSM but which also coordinates a prevention intervention for Hijras (transgenders); two studies on hotel-based sex workers, which resulted in a pilot intervention for 600 sex workers in Dhaka for a 7 month period, and a GIS data base on NGOs implementing HIV/AIDS/STI activities. Activities for urban-high risk youth, an IDU assessment and a mass media event have been postponed to a later date mostly due to human resource constraints.

2001 is an election year in Bangladesh and the opposition parties calling for early elections through hartals (general strikes) frequently paralyze the country. February was the top hartal month, with 9 working days declared hartal. These hartals have a negative impact on program implementation and the level of violence in the society. Tension in the NGO world has also increased as some of the hartals were called for by the Muslim fundamentalist opposition party in protest of an NGO action.

In the next six months, IMPACT will assist with the analysis and dissemination of the BSS results; develop a multi-agency intervention for hotel-based sex workers; assist SMC with the development of a social marketing campaign for STI/HIV/AIDS prevention; assist UFHP with improving their targeted interventions for high-risk core groups, undertake a national assessment on IDU/heroin smoking and develop an IDU intervention; chair the USAID HIV/AIDS Task force to strengthen collaboration between USAID supported agencies; strengthen the STD treatment capacity for MSM, transgenders, sex workers and other high risk core groups; strengthen the BCC interventions of MSM, transgenders, sex workers, and others; develop a gender and sexuality training package and provide training to HIV/AIDS managers and implementers, and assist partner organizations with the monitoring of key data.

Cambodia

To date, USAID/Cambodia has committed \$7.5 million to FHI/IMPACT. Additionally, FHI/IMPACT has received \$650,000 through USAID's initiative for Children Affected by AIDS (The supplemental Child Survival and Disease Programs Fund). USAID/ANE Bureau has also committed funds to regional activities, including Cambodia – technical support to the National Center for HIV/AIDS, Dermatology and STDs and implementation of model

STD/HIV/AIDS prevention and care interventions for mobile populations with a focus on cross-border issues. IMPACT/Cambodia aims to reduce transmission of STI/HIV among identified high-risk populations such as female sex workers and their clients, uniformed services, street children and men with multiple sex partners (other than uniformed services).

During the reporting report, there was significant progress in work with all the high-risk populations. In the first quarter of FY 01, the national STD surveillance was completed and the data is being analyzed. The NCHADS surveillance team also completed data collection for the HIV Sentinel Surveillance. Data analysis will start in the next quarter. Two important meetings were held with IMPACT partners in January 2001. Representatives of government, UN, international organizations and other key stakeholders shared information about IMPACT's progress and discussed future collaborative activities. IMPACT continues to expand its network of private sector contacts and is now working with four companies on workplace practices and policies related to HIV/AIDS. Work with the military, police and miners continues with sensitization workshops and peer education training.

Activities with FSWs and PLWHAs expanded with an additional IA to work with FSWs (total 4 IAs) and two additional IAs working with PLWHAs (total 4 IAs). For STI programming, an assessment of the training needs of STI care service providers was completed in the target area (five south-central provinces). STD case management training continued and a female condom questionnaire was finalized for pilot testing.

A mid-term review of the IMPACT/Cambodia program was conducted in March with participation from USAID/Cambodia, USAID/W, FHI/ARO and FHI/DC.

Two activities were discontinued following USAID's recommendations: advocacy with key religious leaders and the MSM qualitative study. MSM activities are now included in a broad Male Sexual Health project being implemented with Marie Stoppes International.

Egypt

Since FY 1998, USAID/Egypt has committed \$850,000 to IMPACT to improve blood safety, promote universal precautions and to strengthen HIV surveillance. Working with the Egyptian/Swiss Project, FHI designed and implemented a project to assist the National Blood Transfusion Service to recruit and retain volunteer non-remunerated regular donors.

In this reporting period, IMPACT continued to provide technical assistance to the National Blood Transfusion Service in cooperation with the Egyptian/Swiss Project. Focus groups were held to learn more about the public perceptions of blood donation. Based on these findings and discussions with blood bank staff, it was felt that a communication and training guide of "Common Questions, Single Answers" was needed to promote the communication skills of blood bank staff to recruit and retain regular blood donors. IMPACT contracted with a local organization to produce this guide.

IMPACT also facilitated the development of a National Training Plan for the training/re-training of MOHP Blood Service staff. With IMPACT technical assistance, a course in basic principles of safe blood was designed using WHO distance learning materials. A TOT workshop led to 10 national trainers who will now provide training at the five regional blood centers. Two regional centers were provided training during this reporting period. IMPACT conducted a mid-term review of blood recruitment efforts with 35 national and regional blood bank staff. Specifically, this meeting disseminated baseline data report, reviewed the national training plan and the proposed donor selection criteria.

IMPACT also held a one day seminar on Universal Precautions (UP) that led to the formation of a UP committee to develop UP policies and procedures for all Ministry of Health and Population blood banks.

IMPACT continued to support recruitment efforts at Alexandria in cooperation with the Egyptian/Swiss Project. Alexandria recruitment staff were trained to train others to strengthen blood transfusion staff skills in communicating with the public.

In the next six months, IMPACT will continue to assist the National Blood Transfusion Service to recruit and retain volunteer non-remunerated regular donors. A dissemination workshop is planned for the STI Study results. IMPACT will also respond to new USAID priorities as detailed in SO 20. Specifically, USAID is potentially interested in expanding IMPACT's SOW to encompass targeted interventions for at-risk populations.

India

USAID/India has developed a Health and Infectious Disease strategy (HID) with the goal of limiting the spread of key infectious diseases of importance in India. Its focus areas include: HIV/AIDS/STIs, Tuberculosis control, Polio eradication, Surveillance, Anti-microbial resistance, Additional Applied Research, Urban infectious diseases, and New Technologies. In FY01, USAID/India committed \$ 4.1 million dollars to IMPACT, which is currently working to improve STI/HIV/AIDS prevention and care by supporting and building the capacity of non-governmental agencies and the private sector to provide community-based care for orphans and vulnerable children, prevention and care for men having sex with men, and workplace interventions.

FHI/IMPACT is also providing technical expertise to the Mission's bilateral projects in Tamil Nadu and Maharashtra (and potentially Uttar Pradesh) and support the Mission's goal of building local capacity at the national level and implement pilot programs to reach vulnerable and under-served populations. While the assistance in each state will be specific to USAID's defined program priorities, some activities will be implemented in USAID focus states and at the national level. Currently, technical support to the Tamil Nadu APAC project has been less needed because of a substantive increase of technical capability within the project, and work in Uttar Pradesh has not commenced because of political constraints and is awaiting USAID concurrence.

An interim Resident Advisor was engaged in August 2000 and has been responsible, with the help of consultants, in monitoring ongoing programs and developing new subagreements. Mission approval has been obtained to recruit an expatriate Resident Advisor and four professional staff, and recruitment activities are underway. Space for a larger office is being sought. In the next six months, FHI/IMPACT will request mission concurrence on the workplan which is now being updated. Technical assistance will be provided to CAA projects to conduct participatory end term evaluations-and requests for extension of these projects will be based on the these findings. An assessment of Care and Support activities will be conducted and a strategy developed for care and support. Preparation will be made to conduct the next round of the BSS in Maharastra State.

Jordan

USAID/Jordan has committed \$300,000 in field support funds to IMPACT beginning June 2000. USAID/Jordan has requested IMPACT's assistance to propose a collaborative HIV/AIDS prevention program suited to a low prevalence setting. Based on a multi-disciplinary assessment, IMPACT's strategy in Jordan is focused on providing technical assistance to the existing counseling and hotline center and strengthening the capacity of MOH staff to provide VCT. Associated with this is the establishment of an adequate referral and follow-up system for PLWHAs.

During this reporting period, IMPACT recruited a Resident Advisor (RA) and is currently negotiating for a suitable office location. In March, an initial assessment of the hotline and counseling center was conducted. This assessment detailed the areas of priority programming that IMPACT will need to provide technical assistance on: strengthening the capacity of staff to provide quality education and information on HIV and STIs, provide VCT services when necessary, provide care and support to PLWHAs and to take on outreach to high-risk groups (including peer education).

Plans for the next six months include designing and implementation of a STI study which will help to identify those populations at highest risk as well as to gather data needed to develop STI diagnosis and treatment guidelines. There is also a perceived need for technical support in developing skills for outreach to high-risk groups (sex workers, youth, truck drivers, intravenous drug users, men having sex with men, travel industry staff) and it is anticipated that MOH staff will receive some training in reaching out to these populations with targeted interventions.

Philippines

USAID / Philippines committed US\$ 1.3 M in field support funds to the IMPACT project beginning June 1998. IMPACT Philippines is addressing the gap in the AIDS Surveillance

and Education Project in reducing the prevalence of common STDs and improving the current surveillance efforts.

Data collection for the intervention phase of the validation study on syndromic STD case management was started and a meeting conducted to present the findings of the first phase of the study for the male urethral discharge. Recruitment rates for the vaginal discharge are low while almost half of the required sample size for the urethral discharge has been completed. To increase the recruitment rate of women with vaginal discharge, rural health units near the study sites have been requested to refer their clients with vaginal discharge to the study sites. Posters were also developed and posted in rural health centers and exhibition booths of reproductive health conferences to advertise the study.

Prior to the presumptive treatment among female sex workers, a baseline STD prevalence was determined. However, a continued delay in the release of funds for the drug support had been the major deterring factor in the start-up of the single round presumptive treatment.

Currently post-presumptive treatment prevalence study of STD is being conducted. In connection with the study, the best predictor of gonococcal and chlamydial infections among sex workers will be determined to improve the sensitivity of screening asymptomatic STD among sex workers. Since funding is limited, the study is being collaborated with the STD AIDS Cooperative Central Laboratory.

The reporting guidelines for both etiologic STD reporting and syndromic STD reporting have been finalized. These were reviewed in partnership with UP College of Public Health, Epidemiology Department.

Due to the restructuring of the Department of Health, there has been a delay in the implementation of the new universal STD reporting. A meeting has been conducted to define the roles of the National Epidemiology Unit, the infectious disease cluster of the Department of Health, which is responsible for the National STD Program and the Philippine National AIDS Council secretariat. This resulted in revising the STD surveillance strategy and flow of reporting for the STD surveillance.

In the next six months, the validation study on syndromic case management will be finalized and the new STD case management guidelines will be developed based on the results of the study. To maintain the lowered STD rates through the single round of presumptive treatment among high-risk groups, the preventive and curative services shall be strengthened. To prepare for the national STD reporting implementation, training on the STD reporting to the social hygiene clinic physicians, regional STD coordinators and epidemiology surveillance unit will be conducted.

Vietnam

USAID/ANE committed \$2,764,763 in ANE funds to the IMPACT Project beginning in November 1999 for a project entitled “HIV/AIDS Prevention in Vietnam – Phase II: Implementation of Interventions 1999-2002”. USAID/ANE has requested IMPACT’s assistance to build the capacity of individuals and organizations involved in HIV/STI prevention and care at the national and provincial level in Vietnam, to promote public health approaches to HIV/AIDS prevention, and to develop effective behavior change/risk reduction interventions and support the implementation of these interventions

During the first six months of FY 2001, two IDU drop-in centers and peer education outreach activities were established in two project provinces, a women’s health club and outreach services for commercial sex workers was launched in another project province, and a behavioral change communication campaign and STD skills training for private physicians and pharmacists were carried out. Two new FHI program officers were recruited and hired and in January 2001 a new resident advisor took up position. Implementation activities for a dozen sub-agreements were initiated and are still ongoing. Two new sub-agreements were signed with the National AIDS Standing Bureau (NASB). One new sub-agreement was initiated for the dissemination and training in the use of nine FHI-produced and translated behavior change handbooks for 14 provinces, and a second sub-agreement was for NASB monitoring of FHI-supported national and provincial-level activities. Fourteen of sixteen planned interventions are now in full implementation stage with very good progress, high quality output and results being achieved.

During the first six months of FY 2001 a number of constraints were identified which caused some delays in the implementation of project activities, such as difficulty effecting partnerships, a slow process of training project staff, limited staff available at some of the provincial AIDS committees, changes in organizational mechanisms of implementation of HIV/AIDS prevention at the national and provincial levels, reorganization of NAC to NASB under the MOH and end-of-year reporting requirements, World AIDS day activities, etc. In some provinces a number of external factors caused delays in the implementation of intervention activities, such as in Can Tho where floods, measles campaigns, and a Social Evils Campaign which rounded-up CSWs caused delays. In Cam Pha a strong anti-drug campaign in the township has made outreach contact with drug users in the community more difficult. Many of these challenges and constraints have been overcome in recent months.

In the next six months, IMPACT will attend the 12th International Harm Reduction Conference and the National AIDS Standing Bureau’s Ten-Year Review of HIV/AIDS program work, finalize and implement the BCC Campaign sub-agreement with the Provincial Health Service of Quang Ninh Province, develop proposals for mobile populations interventions and develop STD training interventions for pharmacists, drug sellers and private physicians. The BSS Round-I survey results will be finalized by the end of April and the final reports published soon afterwards. Preparatory work for the Vietnam BSS Round II will begin in April-May, including development and signing of the sub-agreement for Round II, and fieldwork may begin as early as June-July 2001. FHI staff will visit Thai Binh province on

the invitation request of the provincial AIDS authorities to develop HIV/AIDS prevention and care interventions, including work with mobile populations. Follow-on sub-agreements will be developed for the Men's Interventions in Can Tho and Binh Dinh and a follow-up intensive BCC training course ("intermediate course") is being planned for June for provincial project staff and NASB staff. Mid-term or final evaluations for some project interventions will begin in June and July 2001.

Europe & Eurasia

Baltic Sea Region

The purpose of IMPACT's involvement in the Baltic Sea Region is to enhance the capacity of governments, local authorities and NGOs in Estonia, Latvia, Lithuania and the Russian cities of Kaliningrad and St. Petersburg to design, implement, manage, evaluate and sustain HIV/AIDS prevention and care programs. The FY 01 commitment for IMPACT is \$325,000 (includes \$75,000 State Department funds).

In May 2000, the governments of the countries and cities named above declared their support and commitment to the full implementation of the "Baltic Sea Strategy and Action Plan", which contains a set of urgent interventions to prevent a widespread HIV epidemic in the region. Following a request from the E & E Bureau, IMPACT visited Lithuania in October 2000 to identify a Lithuanian organization or network of organizations with the capacity and desire to serve as the regional Center of Excellence for HIV prevention efforts. Following the assessment, it was decided to make the Center of Excellence into a more broad-based "System of Excellence", starting by building smaller networks of excellence around technical themes.

A coalition-building workshop with key stakeholders and NGO representatives from all member countries/cities took place near Klaipeda, Lithuania in late March 2001. The workshop was meant, inter-alia, to prioritize identified needs by country; to develop country-specific workplans and facilitate discussion of regional plans, to identify technical support systems, including systems of horizontal collaboration among partners and technical areas, and to assess initial technical support system needs. Using information gleaned from this workshop, in the next six months IMPACT will begin making subagreements with local organizations and NGOs to build their capacity for more effective implementation of HIV/STI prevention services. To assist in this process, IMPACT plans to recruit a Regional Advisor to be based in Vilnius.

Russia

IMPACT/Russia has to date received a total of \$260,000 from USAID/Russia, for capacity-building in information dissemination for HIV/AIDS prevention and other related activities. In late 1999, the USAID Mission initiated a formal assessment of the HIV/AIDS/STI portfolio to determine what the next steps should be for their program, and whether any changes in strategy might guide these steps. This assessment was done in February-March 2000, and IMPACT/Russia financially supported the costs of one assessment team member. To date, the assessment report has not been released, nor an FY2001 strategy finalized for USAID/Russia. Nonetheless, at a meeting with Mission staff in September 2000, it was determined that IMPACT/Russia would focus in FY 2001 on organizing a training workshop on networking

and other skills-building and information sharing for IMPACT's fourteen NGO partners who were members of two prior training programs organized by FHI.

A workshop on "HIV/AIDS Prevention Information and Risk Reduction Networking" was held in Moscow in March 2001. Thirteen of the fourteen NGOs mentioned above attended, and IMPACT provided TA and facilitation. Future funding levels for IMPACT/Russia have not been established at this point. However, a follow-up workshop may be planned towards the end of FY01. In addition, the Action Plans developed by workshop participants and the feedback received during the workshop are being submitted to the Mission, which has indicated these will likely form the basis for future FHI/IMPACT activities in Russia.

Latin American & Caribbean

Brazil

Through FY00, USAID has provided US\$2,905,000 in field support funds to IMPACT/Brazil. Since 1998, the focus of IMPACT in Brazil has been to provide technical assistance to the state and selected municipal public sector STI/AIDS programs in the four USAID target states (Ceará, Bahia, São Paulo, and Rio de Janeiro) and to the Ministry of Health national STI/AIDS control program (NACP) at the federal level. FHI and its partner, Management Sciences for Health (MSH) completed technical capacity and management needs assessments, geared toward an array of health staff from these programs. These assessments resulted in technical and managerial development action plans, including individualized technical assistance from IMPACT/Brazil.

IMPACT conducted two technical training sessions during the first half of FY00: (a) “Vulnerabilities and Evaluation of Prevention Activities”, implemented in partnership with the Department of Social Medicine/University of São Paulo (USP), with representatives from each target program and the NACP (23 participants); and (b) “Participatory Methodology for Facilitators”, implemented in partnership with Transforma (local NGO), with participants were chosen among FHI consultants (responsible for previous technical courses) and staff of target State/Municipal AIDS Programs and the NACP.

Also during that period, the last of the ten USAID target STD/AIDS programs in Brazil, the Rio de Janeiro State Secretariat of Health, was incorporated into the management development process. The Santos Municipal Secretariat of Health STD/AIDS Program conducted its second management needs assessment, thus completing the second round of management needs assessments (APROGE II) in nine of the ten USAID target programs. IMPACT undertook a new adaptation of both managerial and technical capacity tools (APROGE and FACT), so as to avoid overlapping and make both tools absolutely complementary. Then, a second round of self-assessment workshops was started with the target state and municipal STD/AIDS programs. The STD/AIDS program of the State of Rio de Janeiro was finally included during the months of February (APROGE I) and March (FACT I), now completing ten target Aids programs, and the NACP for FY 2001-2002.

Between October 2000 and March 2001, technical assistance (TA) was provided by FHI to some of the target programs, following their Plans of Action for Technical Capacity Building. The STD/AIDS Programs of Campinas, São Paulo City, the State of Ceará and Salvador received TA from FHI consultants on Harm Reduction Strategies, Condom Social Marketing and Monitoring & Evaluation.

As a result of the management needs assessments, technical assistance was provided in strategic planning (São Paulo State Secretariat of Health and Bahia State Secretariat of Health) and operational planning (Ceará State Secretariat of Health). In addition, IMPACT began provision of technical assistance to the NACP to adapt the UNAIDS methodology for

strategic planning in preparation for training of strategic planning facilitators and preparation of state-level strategic plans in all of Brazil's 27 states by September 30, 2001.

At the request of the NACP, FHI and MSH provided technical assistance in strategic planning, advisory support to develop a methodology for the national development plan, and conducting technical training courses in critical areas. As part of this effort, IMPACT actively participated in the National Seminar on Strategic Planning Methods, providing technical advisory support.

IMPACT's approach to developing technical and management capacity has been very well received, and FHI and MSH have responded to requests for technical assistance from the National AIDS Control Program to standardize these assessment tools and replicate them throughout the country. The NACP is particularly interested in having APROGE used in 6 states in the north and 3 states in the northeast, which are the Brazilian states with the least capacity to respond to the epidemic.

In addition, IMPACT staff participated in a course on training methods, conducted by the MOH/NACP in order to standardize training methods across programs and technical cooperation agencies.

Dominican Republic

Through FY01, USAID/Dominican Republic has committed \$1,420,000 in field support funding. The mission has requested IMPACT's assistance to strengthen the Dominican national HIV/AIDS/STI program, DIGECITTS (formerly PROCETS), providing technical assistance in several major areas. These include decentralized strategic planning, behavioral surveillance, STI management, VCT and policy.

During the past six months, FHI/IMPACT activities included strategic planning, evaluation technical assistance and STI training. Program support is assisting DIGECITSS to work on provincial operational planning (POP) in six additional provinces bringing the total to 35 provinces. Three new POPs were developed through March. Thirteen Provincial Follow-up Committees are active and are developing their funding plans; one has this plan in implementation. In addition, FHI/IMPACT provided technical assistance to DIGECITSS to review proposed second-generation surveillance system to be implemented in the DR. FHI staff reviewed site selection criteria, protocols and questionnaires during a visit in October. Finally, DIGECITSS completed development of the national STI norms after which FHI/IMPACT supported syndromic management training completed in November. Three Syndromic Management training manuals have been disseminated.

As a result of the elections in 2000 and subsequent changes in the Ministry of Health authorities, DIGECITSS is now undergoing a challenging process that has resulted in an extremely high turn over rate and newly appointed staff with less experience. With these

changes in personnel, the pace has suffered a serious slow down which is expected to last several more months.

In the next six months, FHI/IMPACT will assist DIGECITSS to complete its national HIV/AIDS Norms under development and to disseminate the national STI norms. Additionally, FHI/IMPACT and PSI will work with DIGECITSS to expand VCT activities. The program will complete its work on provincial planning. Finally, implementation of an agreement to institute VCT in maternity hospitals will begin.

El Salvador

IMPACT has received \$240,000 in field support funds from USAID/El Salvador to enhance and strengthen Voluntary Counseling and Testing (VCT) and Sexually Transmitted Infection (STI) programs throughout the country. IMPACT activities have focused on implementing VCT and strengthening the sexually transmitted infection (STI) program in the Ministry of Health (MOH) and National AIDS Control Program (NACP).

Activities during FY2001 have been on hold, hindered by a variety of national emergencies. From October through January, IMPACT activities were suspended as a result of a dengue emergency. In January, activities were suspended as a result of earthquakes in the country. Continuing tremors impeded significant program progress throughout the winter months. These events have forced USAID to reallocate its funding, temporarily reducing support for HIV/AIDS programs. Consequently, support for STI program interventions is on hold as well.

During the next six months, VCT training will continue and monitoring and evaluation tools will be further developed and tested. One department in the country will be chosen in which to pilot the monitoring and evaluation system. IMPACT will also support training on operationalizing and running a hotline. This training will take advantage of nascent “south-to-south” cooperation in the area of HIV/AIDS by enabling members of the Mexican NACP, CONASIDA, to mentor the Salvadoran team.

Guyana

To date, IMPACT has received \$200,000 in field support from USAID/Guyana. The strategy of IMPACT/Guyana has been dual-pronged: to focus on capacity building of local NGOs and to promote Behavior Change Communications (BCC), particularly among youth.

In the first half of FY2001, the collaborative group of NGOs supported by IMPACT under the Guyana HIV/AIDS Youth Project framework implemented the remaining two phases of first year's strategy. These two phases focused on identifying peers and peers educating peers. As a continuation of the communication strategy, the NGOs held several events aimed

at promoting HIV/AIDS awareness and developed and pre-tested print materials (brochures, pamphlets, etc.) promoting the common theme "Ready Body, Is it Really Ready." IMPACT supported the development of a common Guyana-specific peer education training manual for the Project. The NGOs continued peer outreach among youth with a literacy competition and other outreach events, among them a marathon and several group rap sessions. In March, eight local NGOs began development on proposals for upcoming activities.

During the next six months, the total number of local NGOs receiving direct support from IMPACT will increase from three to eight. IMPACT will continue to support capacity building at the organizational level. Design workshops will be conducted in order to conduct long range planning and to further develop program strategies. Behavior change communication strategies and outreach will be further developed and implemented.

Haiti

Since August 1999, USAID/Haiti has committed \$1,365,000 to FHI/IMPACT in Haiti, including \$200,000 designated specifically for children affected by AIDS and other vulnerable children (CAA/OVC). In addition to the CAA/OVC activities, FHI/IMPACT has focused on behavior change interventions for risk reduction among targeted risk groups, especially youth, commercial sex workers, and men who have sex with men; development of voluntary counseling and testing services; and behavioral surveillance. Activities are centered in three geographic areas: North, West, and Grand'Anse.

During the reporting period, FHI/IMPACT worked in partnership with six implementing agencies. Agreements with four of these partners were extended and/or modified to expand the scope of work. A new subagreement was developed for a CAA/OVC intervention with an additional partner, CARE. The FHI/IMPACT office was relocated to the Institut Haitien de Santé Communautaire (INHSAC) premises. A Resident Advisor was recruited (to be hired in April 2001).

A key challenge to the program was inadequate staffing levels and institutional infrastructure. FHI/IMPACT plans to address this challenge in the coming six months through hiring a Resident Advisor and assessing needs for additional program and/or administrative staff. An HIV/AIDS assessment in Haiti will be conducted in May with FHI/IMPACT representation. The results of this assessment will provide a foundation for refining the IMPACT strategy if necessary and developing additional activities for the remainder of the fiscal year.

Honduras

Through FY2000, USAID/Honduras has obligated a total of \$686,000 in field support funds for FHI/IMPACT. The mission will not obligate any additional funds for FY01 due to its budget reductions. In accordance with the mission's new strategy, the role of FHI/IMPACT

in Honduras is to support technical assistance to develop technical and program implementation capacity of the local umbrella NGO, Fundación Fomento en Salud (FFS) and; to strengthen data collection skills at the Ministry of Health (MOH), specifically in STI case management. These interventions contribute to the mission indicator of expanded delivery of STI/AIDS prevention services to high prevalence populations.

During this six-month period, FHI/IMPACT continued to work with the local marketing company, MERCAPLAN to complete the youth behavior survey. The final report of the study will be printed in April. Additionally, FHI/IMPACT supported ongoing technical assistance to the MOH to finalize its algorithm validation study. This study is scheduled for completion in June.

The second six-month period of this fiscal year will include a series of capacity building workshops for FFS and the 18 NGOs receiving funding from FFS. The workshops will enable the technical staff of FFS and the NGOs to implement stronger programs for CSWs, MWM, the Garífuna population as well as update their skills on BCC, VCT and human sexuality. Both the STI study and the youth behavior study will be disseminated.

Jamaica

Through FY01, USAID/Jamaica has obligated \$255,000 in field support to FHI/IMPACT and requested its assistance on implementing activities focused on the mission's Strategic Objective 3: "Improving the reproductive health of youth." The current activity is the implementation of a behavior surveillance survey (BSS) for high-risk groups, including in-school and out-of-school youth.

IMPACT continues to work with Market Research Services Limited (MRSL) to complete the BSS, providing comments on the draft report of initial findings for the three groups already surveyed. Additionally, IMPACT provided guidance on sampling frames for the final group (in-school youth) and that survey is being conducted in April 2001.

The completion of the BSS has been delayed due to inaccurate data related to schools that the Ministry of Education provided to MRSL. This forced the group to re-plan the sampling frame. IMPACT has been further constrained by limited financial resources that have precluded on-site technical support during most of the survey period.

During the next six months, MRSL will complete the final survey and submit the BSS report. IMPACT will then program a dissemination workshop to share the findings of this study.

Mexico

Through FY2000, USAID/Mexico has obligated a total of \$850,000 in field support funds for FHI/IMPACT. The focus of the Mexico program is to provide technical assistance and support to the Consejo Nacional de Control y Prevención de SIDA (CONASIDA) in three areas. These are development of national STI norms; strengthening of local capacity to deliver HIV/AIDS/STI information and services in priority states; and implementation of a female condom study.

During this six-month period, FHI/IMPACT and CONASIDA collaborated in the final phases of an algorithm validation study and the female condom study, both implemented through local NGOs. Data analysis has been completed on the STI study with a final report in process and expected in May. The female condom study data is pending analysis in May with final results in June.

In the upcoming six-month period, FHI/IMPACT and CONASIDA will finalize a training agreement with AFLUENTES. Under this agreement, CONASIDA will complete its syndromic management training manual and medical treatment guidelines and thereafter staff in priority state STI programs will receive training on the national STI norms, using these new materials. Additionally, FHI/IMPACT will support dissemination of the findings of the female condom study.



Semiannual Report 7

Problems and Constraints

Problems and Constraints

As IMPACT entered its fourth and next-to-last scheduled year, the topics of extension and close out inevitably arose. Although FHI had received some preliminary indications that there might be a cost extension for the global AIDS CAs, new projects during the report period had to have a completion date several months before the IMPACT PACD of September 30, 2002. This had the effect of truncating country program work plans and time horizons. However, toward the end of the report period, it became clear that an extension was probable, and that planning and commitments beyond FY02 would be allowed.

IMPACT continued to be used as a “catch-all” mechanism for missions and bureaus requiring assistance across a wide range of programmatic needs including such diverse areas as blood donor recruitment in the Middle East, harm reduction in Central Asia, home-based care in southern Africa, orphans programs in Asia and Africa, comprehensive country program in Nigeria, and a single round of the BSS in Guinea to name just a few. IMPACT has attempted to foster more comprehensive programming in countries, and in some cases has been successful. However, it is unlikely that much impact will be realized with the scattered approach mandated by many of the USAID Missions.

As the level of IMPACT funding has increased dramatically over the past year, it has become increasingly difficult to identify and retain qualified technical assistance to effectively respond to the needs. IMPACT has increased staffing significantly at the field level and moderately at the FHI/Arlington office, however it is clear that greater numbers of trained, field-based staff and consultants will be required to meet the needs of country programs. Yet, capacity building efforts are severely hampered by the lack of core funding to undertake such activities as training, systems development, and the production and dissemination of global materials.

To begin to address the dearth of qualified technical, programmatic, and administrative (finance and procurement) assistance, IMPACT is making preparations to place staff in select country offices in Africa and Asia to serve as regional resources for the field. It is envisioned that while a good portion of their time will be devoted to providing direct technical assistance to country programs in the region, regional resource staff will eventually spend an ever-greater proportion of their time developing local capacity, training local staff and consultants to better respond to country needs.

Just as limited core funding inhibits our progress, so do earmarked funds in that flexibility to effectively program available funds is severely limited. Funding that is available to provide support that responds to identified needs rather than a predetermined agenda will better serve those attempting to impact the epidemic.

Semiannual Report 7

Financial Summary